IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

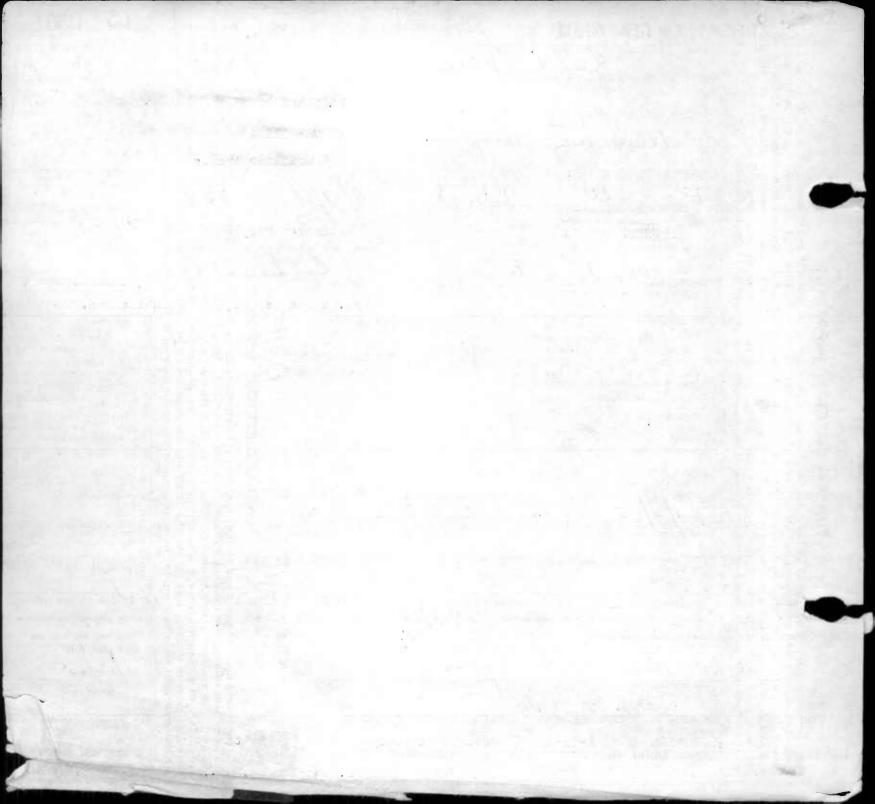
BALTIMORE CITY HEALTH DEPARTMENT Registered No.

If Under 24 Hrs.

(State)

USA

INTERVAL BETWEEN ONSET AND DEATH



attendance on the

0500	BALTIMORE CI	TY HEALTH DEPARTMENT	05 0500
BIRTH NO. 65 0502 M.E. CASE NO.	CERTIFIC	ATE OF DEATH Registered No.	65 0502
I. NAME OF DECEASED	H. GOLDSTEIN	JANUARY 14, 1965	1 475A.
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or address or focotion)	institution, give street	4. USUAL RESIDENCE (Where deceased lived, If ins A. STATE B. COUNTY  MARY LAND  C. CITY OR TOWN (If autside city limits, write RL  BALTIMORE	27-20
0 0 6713 WESTE	RN RUN DRIVE	D. STREET ADDRESS (If rurol, give location) 6713 WESTERN RUN DRIVE	
5. SEX 6. RACE 7 MALE WHITE	MARRIED, NEVER MARRIED WIDOWED (specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) 8/9/1883 81	If Under 1 Yr. If Under 24 H Months Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 1 dane during mast of working life, even if retired) MERCHANT	OB. KIND OF BUSINESS OF INDUSTI	RY 11. BIRTHPLACE (State or foreign country) PENNSY LVANIA	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME  DAVID GOLDSTE	IN	14. MOTHER'S MAIDEN NAME RACHAEL ?	
15. Was Deceased Ever in U. S. Armed Force (Yes, no or unknown) (If yes, give wor or dotes NO	of service) 16. SOCIAL SECURITY NO. 218-18-4756	MR. C. MORTON GOLDSTEIN 6	ADDRESS 606 LIBERTY ROAD
DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of	CTLY	OF DEATH  Uremia	INTERVAL BETWEEN ONSET AND DEATH
heart failure, asthenia, etc. It means t injury ar camplication which caused of ANTECEDENT CAUSES	he disease,	HASHA	11 4500
DISEASES OR CONDITIONS, if and rise to the above cause (A) of UNDERLYING CONDITION last.	ny, giving Staling the (C)	coronary Innfficieny	27 CAN
OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING ED TO THE		
19A. DATE OF OPERATION 19B. COND.	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?

CER 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examined etc.) 21 D. TIME 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Wark At Wark 6 × 10 22. I certify that (1) (this hospital) attended the deceased that (I) (we) last sow the deceased alive on ond that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (dld) (dld not) view the body after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. Med. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 4000 M.D.

24C. NAME OF CEMETERY OF CREMATORY

BETH TFILOH

25B. NAME OF RECHARAL VS 150-REV. 1/1/65

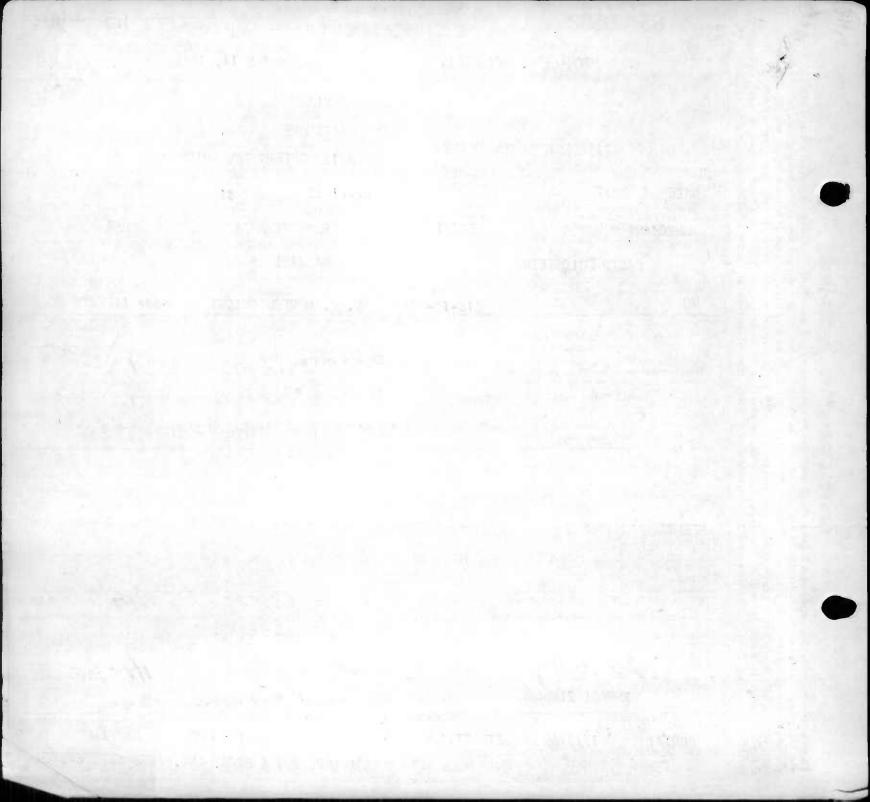
1/15/65

24A. BURIAL CREMATION, 24B. DATE

25A. DATE REC'D BY HEALTH DEPT.

SOL LEVINSON & BROS. INC. 6010 RETSTERSTOWN

BALTIMORE



(4) Undetermined cause; (5) Deceased a hospital contributing cause attend prior occurred made. regular deceased death = ispositio WOS the direct IMPORTANT death OU T kind; final attendance any pronounced 0 Also, med of fracture embal the chief medical examiner FUNERAL DIRECTOR: regular 9 are 4 3 3 physician remains medical burns; physician was the Body 0 O before to the hospital by 3 where °N nature; be obtained 9 approved (except and any death); of hospital the body was released must An accident 0 approval 0 prior at shows: (1) eceased 0.0

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VS 150-REV. 1/1/65

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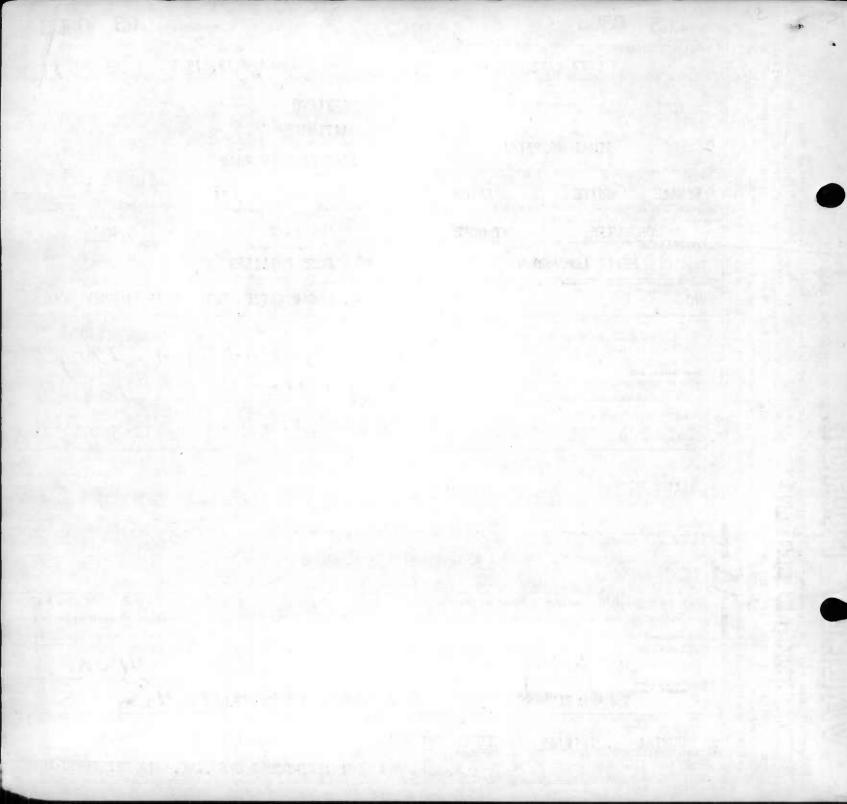
eath.

and

of death

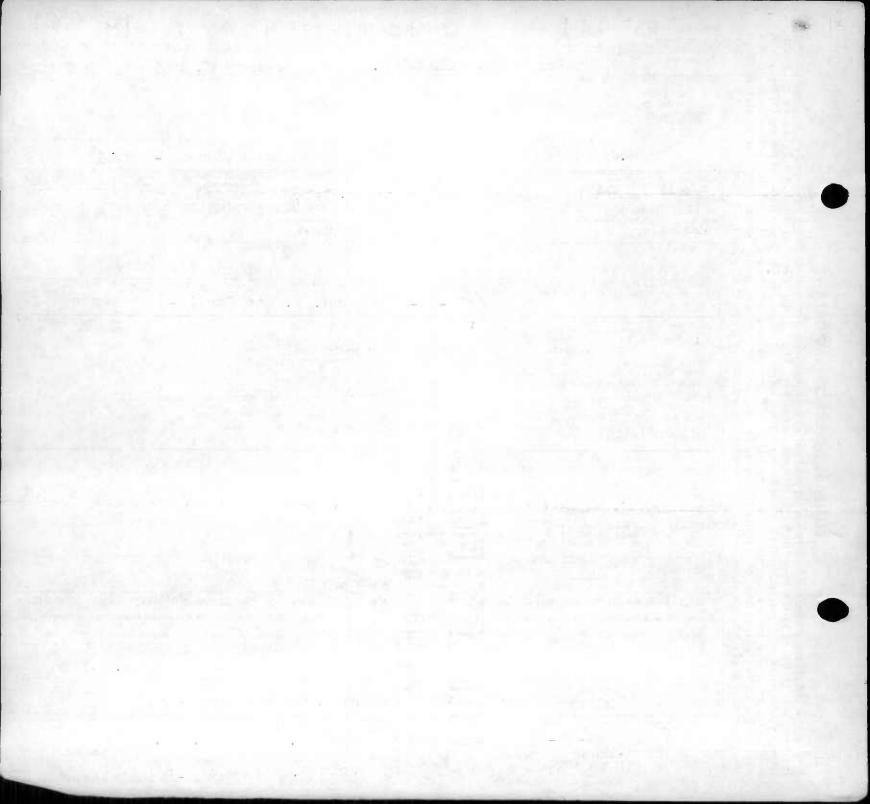
BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 65 Registered No.. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) JANUARY 13, ETTA KATZENSTEIN 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND MARYLAND C. CITY OR TOWN FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or locotion) (If autside city limits, write RURAL and give township) BALTIMORE D. STREET ADDRESS (If rurol, give location) SINAI HOSPITAL 3505 PINKNEY ROAD 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. WIDOWED, DIVORCED (specify)
MARRIED lost birthdoy) Hours WHITE **FEMALE** 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA HOUSEWIFE AT HOME MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MEYER LEWENSOHN ROSE PHILLIPS 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 3505 PINKNEY ROAD MR. EDGAR KATZENSTEIN CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthema, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B, PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct locotion) DEATH (notify medical examiner) etc.) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) Work At Work 22. I certify that (I) (this hospital) ottended the deceased fram that (I) (we) last saw the deceased alive an. and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 238. DATE SIGNED Attending [ Med. Stoff M.D. Phys. Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. 4000 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY

REMOVAL (Specify) written BALTIMORE MARYLAND 1/15/65 HEBREW FRIENDSHIP 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS & BROS. INC. 6010 REISTERSTOWN RD

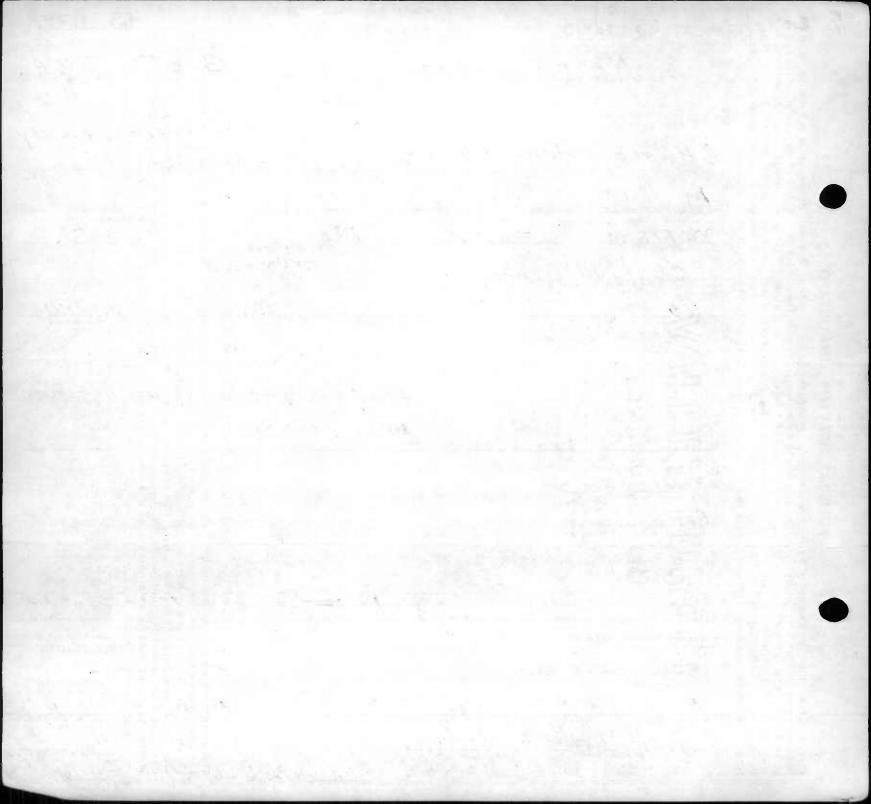


	BALTIMORE C	ITY HEALTH DEPARTMENT		CE DEGA
ыкти но. 65 0504	CERTIFIC	ATE OF DEATH	Registered No	65 0504
M.E. CASE NO.		2. DATE AN	ID HOUR OF DEATH	
7 B.(-4)	CUBBIN, MARGARET	M. Janu	ary 12, 196	5   3:00 A
. PLACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (When	re deceased lived. If in:	stitution: residence before admi
		A, STATE B. COUN	IT	8-01
FULL NAME OF (If not in hospital of oddress or location	or institution, give street	Maryland C. CITY OR TOWN (If our	teide city limits write E	RURAL ond give township)
INSTITUTION		Baltimore	and only minor will be	gree to through
,/1		D. STREET ADDRESS (If	rurol, give location!	
4/ St. Joseph Hos	pital	3424 Ravenwood	d Avenue	- 21213
SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months: Doys Hours N
Female White	Married (specify)	Mar.15,1897	lost birthdoy 67	Months Doys Hours N
A. USUAL OCCUPATION (Give kind of work				12. CITIZEN OF
Homemaker	Own home			WHAT COUNTRY?
	Own nome	Maryland		
B. FATHERS NAME		14. MOTHER'S MAIDEN NA	VIE	
John Wesley Mi	les	Margare	t Ann Coor	1
. Was Deceased Ever in U. S. Armed Fores, no or unknown) (If yes, give wor or dote	ces? 16. SOCIAL	17. INFORMANT		ADDRESS
NO	212-09-07	57A Wm. T. Ma	c Cubbin-3	3424 Ravenwoo
18. 44. 9.0 /	CAUSE	OF DEATH		INTERVAL BETWEE
DISEASE OF CONDITION DIE	ECTLY			ONSET AND DEAT
LEADING TO DEATH		Pulmonary Embolism	n	
(This does not mean the made of	dying, e.g., DUE TO		g.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
hearl failure, asthenia, etc. Il means injuly ar camplication which caused	death.)			
ANTECEDENT CAUSES	(B)	yocardial Infarct	ion	
DISEASES OR CONDITIONS, if	DUE TO			
rise la lhe abave cause (A)		Pulmonary Edema		
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TED TO THE			
DISEASE OR CONDITION CAUSING I	Т.	20A. AUTOPSY? (Yes or No	208 IF YES WEDE	FINDINGS CONSIDERED
± WAS PERI		NO NO	IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21R PLACE OF INTLIBUTE	g., in or obout 21 C. WHERE DID	(If in Boltimon	City, give exoct location)
, OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?		// 8
21D. TIME (Month) (Doy) (Year) OF INJURY		21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not V			
22. I certify that (1) (this haspital	) ottended the deceased from	January 11.	19 65 to Jan	uary 12 19
that (1) ( see) lost sow the decease		12. 19 65 and th	not in (my) (XXXE) ani	nion deoth occurred on th
			/// (, / wass, opi	
and hour and from the couses stor	ed obove. (I) (#4) (did) (did/#	ny view the body offer deoth.		23B, DATE SIGNED
23A. SIGNATURE		Attending Med.	Stoff 150	
Jul 6	arse M.D.	Phys. Director	Stoff Phys.	Jan.12,1965.
23C.PHYSICIAN'S NAME (Type)		23 D. ADDRESS		
Salvador A	larse 1 M	.b. 1400 N. Carolin	ne Street-21	.213
4A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF	CREMATORY 24D. L	OCATION (Ci	ity, town, or county) (S
Burial 1-15-6			Balto. Md	
				ADDRESS
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	Zoba C MELTO		
JAN 1 5 1965	Robert E. Farbert.	John C. Mil	ler Inc-6	415 Relain F

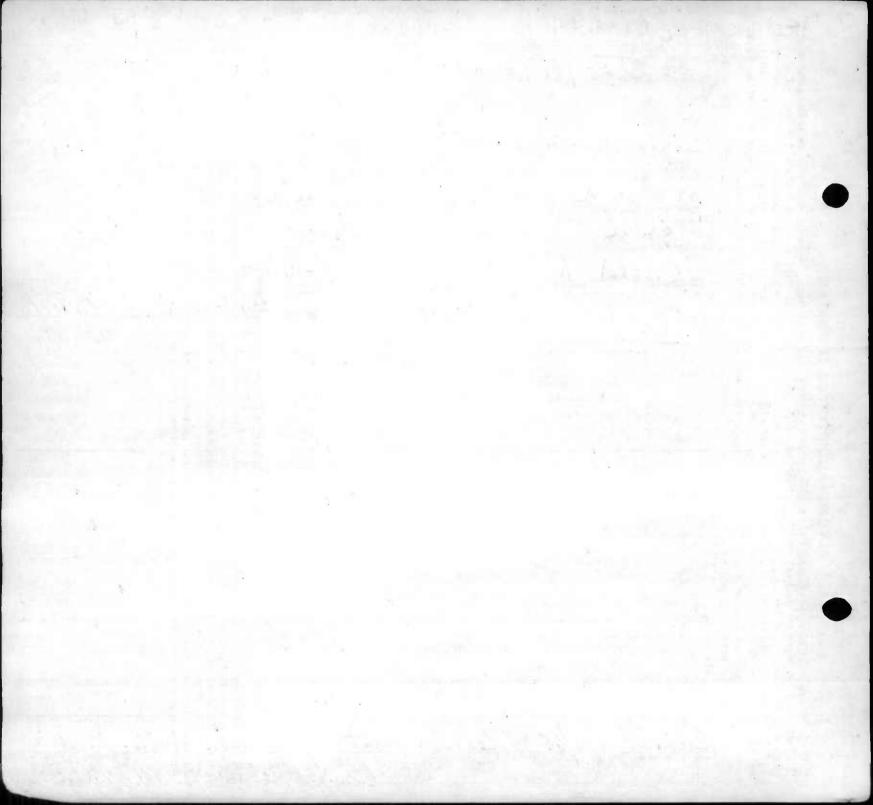
John C. Miller Inc-6415 Relair



	CE OFOE		BALTIMORE CIT	I HEALIN DEFAKI	MEINI		65	OFOE
BIRTH NO.	65 0505		CERTIFICA	TE OF DE	ATH >	Registered Na		
1, NAME OF DE	CEASED		. 🛏	2	DATE AND	HOUR OF DEATH	£	71 - 1
	Y A 5 H	2 W	ATSON	HA HEHAL BESIDE	NGE (When	deceosed lived. If in	5 /	190 A M.
S. PLACE OF D	EATH IN BALLIMORE, MA	KILAND		A. STATE	B. COUNTY		stitution: residence	A A
FULL NAME		or institution, g	rive street	md			19	alls.
INSTITUTION	k oddiess of focono	117		C. CITY OR TOWN		de city limits, write R		wnship)
b 11			4.0	D. STREET ADDRE		ol. give locotion)	ore c	DUNIY
CHU	RCH HO	me &	HOSPITAL	Cada	1x C	roug R	1	3-21
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH		AGE (In years	If Under 1 Yr.	If Under 24 Hrs. Hours   Min.
m	w		VYIED	3-15-	- 1890	st birthdoy)	Months Doys	Hours Min.
	CUPATION (Give kind of wor	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S		country)	12. CITIZEN OF	
male -	of working life, even if retired)	ETI	mor	m			WHAT COU	NIR!
3. FATHER'S NA	RED	1 01	111615	14. MOTHERS MA	AIDEN NAMI		01.01	
2	mimin	Nas	h	717	Tkno	wn.		
5. Was Deceos	ed Eyer in U. S. Armed For	ces?	16. SOCIAL	17: INFORMANT	(1)110		ADDRE	1/22
(es, no gruhknos	wn) The yes, give wor or dote	es of service)	SECURITY NO.	12000	+ X2 01	1 08	1 17	mil
118.	5.7. 6.3W		CAUSE	XXXVVY	1/00	1- 01	arken	ma.
- James	16 OK		CAUSE	F DEATH				AL BETWEEN AND DEATH
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	nal meon the mode al		DUE TO					7.3
injury ar co	e, asthenia, etc. It means amplicatian which coused	death.)				, ,		7 7 7 19
	ANTECEDENT CAUSES		(8) G H	ronic	gua	dripleg	71A- 13	YEAVS
DISEASES	OR CONDITIONS, if	any, giving			. /			
	the above cause (A)	sloting the	(C) AU	rTO Acc	el d E	<i>H. I.</i>		• • • • • • • • • • • • • • • • • • • •
	- 11							
OTHER SIG	NIFICANT CONDITIONS	ONTRIBUTING						
DISEASE O	R CONDITION CAUSING	IT.						
19A.DATE	OF OPERATION 198. CON	FORMED	WHICH OPERATION	20A. AUTOPSY?	(Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDUSES OF DEATH?	DERED
U 21A. ACCID	ENT WAS UNDERLYING	7 718	PLACE OF INJURY (e.g., i	n or obout 21 C WHE	ERE DID	(If in Rollinson	City sive areas	la a sha a l
OR CONTRI	BUTING CAUSE OF	hom etc.)	e, form, foctory, street, o	ffice bldg., INJURY C	CCUR?	tii in sommore	City, give exoct I	10 (0 110 11)
U								
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED  Not While		M DID INJUR	IY OCCUR?		
(APPROX.)		Wor						
22. I certi	fy that (I) (this hospita	l) attended th	e deceased from	1- 1-	/- 19	65 10 1	- /2	19 65
that (I) (w	e) last sow the decease	ed alive an	1-15	19 6 5	and that	in(my) (aur) apir	nian death accu	rred on the date
and hour a	and from the causes sta	ted abave, (I	(We) (did) (did nat)	view the bady afte	er death.			
23A. SIGNA	TURE						23B. DATE SIGNE	D
Enh	varin B. (	Borga	M.D. Atte	ending Med s. Dire		off nys.	1-12	2-45
NAME	IAN'S (Type)			23D. ADDRESS			-	
EPH	RAIM B.	BAYR	A A A M.D.	CHUI	RCH	Hom-	e & H	lospitu
MEMOVAL	REMATION, 248 DATE	24CNA	ME & CEMETERY OF CR	EMATORY	24D-100	ATION 10 (Cit	y, lown, or county	(Stote)
Duri	7/2 Van/6	1965 (p)	ter Grana	Complar	VI te	reston	ma	
25A. DATE REC	D BY HEALTH DEPT.	25B. NAME O	F REGISTRAR	230 FUNERAL	DIRECTOR	LXX	ADD	DRESS
	JAN 15 1965	Robert	E. Jakes H.J.	Sprot	~ Hark	maloin K	PUR FM	odom to
VS 150-REV. 1/	7772 - 1 5 -			11/1000	11300	11/1	may 10	111, 14



	54-3 H NO. 6	1489		BALTIMORE CIT	Y HEALTH	DEPARTMENT		65	05062
BIRT	н но. 6	5 0506		CERTIFICA	TE OI	DEATH	Registered Na	00	0000
	AME OF DECEAS	SED				2. DATE A	ND HOUR OF DEATH		
(Тур	o or Print)	Tony of	Glan			1/8	1/65 8	35 PI	M.
3. 1	LACE OF DEATH	IN BALTIMOLE, MAR	YLAND		4. USUAL A. STATE		ere deceased lived. If in: NTY	stitution: rosidono	e before admission)
	FULL NAME OF	(If not in hospital or address or location)	r institution, g	givo stroot	-	md.			×
	NSTITUTION				C. CITY C	11	utside city limits, write R	,	15wnship)
	Johns	Hopkin	1400 1	ital	D. STREET		f rurol, givo location)	2215	Iver et
		. 4	U			Aros	Lower & M	Tratement of the	4
5. 5	EX 6.	RACE 7		NEVER MARRIED , DIVORCED (specify)	B. DATE C	FBIRTH	9. AGE Hin Wears	If Under 1 Yr. Months: Doys	If Under 24 Hrs. Hours Min.
	m			100	00	+23 195	7 5		
		ATION (Give kind of work ) king Jife, even if retired)	IOB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHI	PLACE (State or for	Eign country)	12. CITIZEN O	
	chi	in	Tro	OWE	124	lfunces	e mol	· let.:	SA
13.	FATHERS NAME	a. 0	7/2		14. MOTH	ERS MAIDEN NA			
	Carro	los Kir	190/0			Lilli	in Tylan		
15. (Ye:	Wos Deceased Ev	er in U. S. Armod Force yes, give wor or dotos	of sorvice)	1 6. SOCIAL SECURITY NO.	17. INFOR	WANT	00	ADDI	RESS
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	18. 165	XI		CAUSE	OF DEATH				VAL BETWEEN T AND DEATH
		OR CONDITION DIRE	CTLY	(	1	611	-+	n.	1. 1.0
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		thenia, etc. It means to catian which caused to		2	2 /	- 1-	11 1	) 4	t mas
	AN	TECEDENT CAUSES		(B) DUE TO	epluc	emanc	I land from	nl	~~ a&&&&&&
		CONDITIONS, if a		100	In my	Landa.	fic Storcen		
		above cause (A) CONDITION last.	siding me	(C)/	0	700	,		
_		II							
0		TH BUT NOT RELAT							
CA	19 A. DATE OF O	PERATION 1198, COND		WHICH OPERATION	120 A. A	UTOPSY? (Yes or N	lol 208. IF YES, WERE F	INDINGS CONS	SIDERED
ERTIFI	0	WAS PERFO				NO	IN CERTIFYING CAL		
O	21 A. ACCIDENT OR CONTRIBUTION	WAS UNDERLYING	21B.	PLACE OF INJURY (o.g., o, form, foctory, street,	in or obout a	1C. WHERE DID	(If in Boltimore	City, give exoc	t locotion)
CAL	DEATH (notify me		etc.)						
MEDI	21 D. TIME (A	Aonth) (Doy) (Yoor)		INJURY OCCURRED		PIF. HOW DID IN	JURY OCCUR?		
<	(APPROX.)		Whi	le At Work		,			
	22. I certify the	at (1) (this hospital)	attended th	ne deceased fram	12/	31/4:	19 65 to	1 /1	19 65
	- Comment	st saw the deceased					hat in (my) (aur) apir	nian death acc	curred an the date
		ram the causes state	ed abave. (I	) (We (did) (dld nat)	view the b	ady after death	•		
	23A. SIGN AT URE	2	V D	M.D. At	tonding —	Mod.	Stoff X	23B. DATE SIGN	NED
	220 BUYELGIAAR	lundone	IC, TO	Ph	y s	Director	Stoff Phy s	1/11/	65
	NAME (Type	1)		M.D.	23D. ADDR	chns Ito	nkuns Horsp	- Dept	Pedia Luca
244	BURIAL CREMA	TION, 124B. DATE.	124C NA	ME of CEMETERY or CE			LOCATION (C:	U	(ct=t2)
-	PEMOVAL (Spo		- ()	+ 1	2.04	240.	LOCATION (Cit	ty, town, or coun	atyl (Stote)
25A	DATE REC'D BY	HEALTH DEP	25B, NAME C	COSANT /1	25C. 5	UNERAS DIRECTO	wen Ne	ell. C	DDRESS A
	JF	IN 15 1965	Roles B	E Farley MA	Nit.	A place	Lugar to 1	701711	ac Illal



		BALTIMORE CITY	HEALTH DEPARTMENT	01	
BIRTH NO.	5 0507	CERTIFICA	TE OF DEATH	Registered No	0507
1. NAME OF DEC (Type or Print)		JOHN JOSEPH	JANUAR	OUR OF DEATH Y 14, 1965	8:40 A M
3. PLACE OF DEA	ATH IN BALTIMORE, MA	RYLAND or institution, give street	A. STATE B. COUNTY	ceosed lived. If institution:	residence before odmission)
HOSPITAL OR INSTITUTION	oddress or locotion		C. CITY OR TOWN (If outside BALTIMORE	city limits, write RURAL on	nd give lownship)
	S HOSPITAL		4402 OLD FREE	DERICK RD.	
S. SEX MALE	WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	3-4-92	72 Months	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
done during most of	UPATION (Give kind of work working life, even if retired)	CONTINENTAL CAN	11. BIRTHPLACE (State or foreign co	WH	S. A.
13. FATHERS NAM	Robert Cody		14. MOTHERS MAIDEN NAME Unknown		
15. Was Deceased (Yes, no or unknown Yes	Ever in U. S. Armed For (If yes, give wor or dote WW 1	16. SOCIAL SECURITY NO. 215-07-9204	Martha Cody 4402 ST AGNES HOSPI	Old Frederic TAL RECORDS	OROSES. #2
(This does refeat failure, injury or can DISEASES (rise to the UNDERLYING	SE OR CONDITION DIR LEADING TO DEATH not mean the mode of asthenia, etc. It means application which caused ANTECEDENT CAUSES DR CONDITIONS, if e abave cause (A) G CONDITION last.  II IFICANT CONDITIONS CEATH BUT NOT RELA CONDITION CAUSING I	dying, e.g., the disease, death.)  (B)  OUE TO  OUE TO  OUE TO  OUE TO  CONTRIBUTING ATED TO THE	LL Prema	tus elistogy	
19A. DATE OF	OPERATION 198. CON	DITION FOR WHICH OPERATION FORMED	YES	CERTIFYING CAUSES OF	DEATH?
OR CONTRIBL	NT WAS UNDERLYING THE DESCRIPTION OF THE PROPERTY OF THE PROPE	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimore City, gi	ve exact locotion)
21D. TIME OF INJURY (APPROX.)  22. I certify	(Month) (Doy) (Year)  that (1) (this hospital	While At Not While At Work    Outline   Not While At Work     Not While At Work     Outline   Not Wo	1-4-	55 10 1-14-	19 65
23A. SIGNATE 23C. PHYSICIA NAME (1	of from the causes state	ted obave. (I) (We) (did) (did nat)	ending Med. Stoff Phys 23D. ADDRESS  ST AGNES HOSP 1	23B. DA	14=65  29, MD. or county) (Stole)
Burial 25A. DATE REC'D	Specify) 1/18/6			altimore, Mar Imacost cost 4600 Lib	ryland

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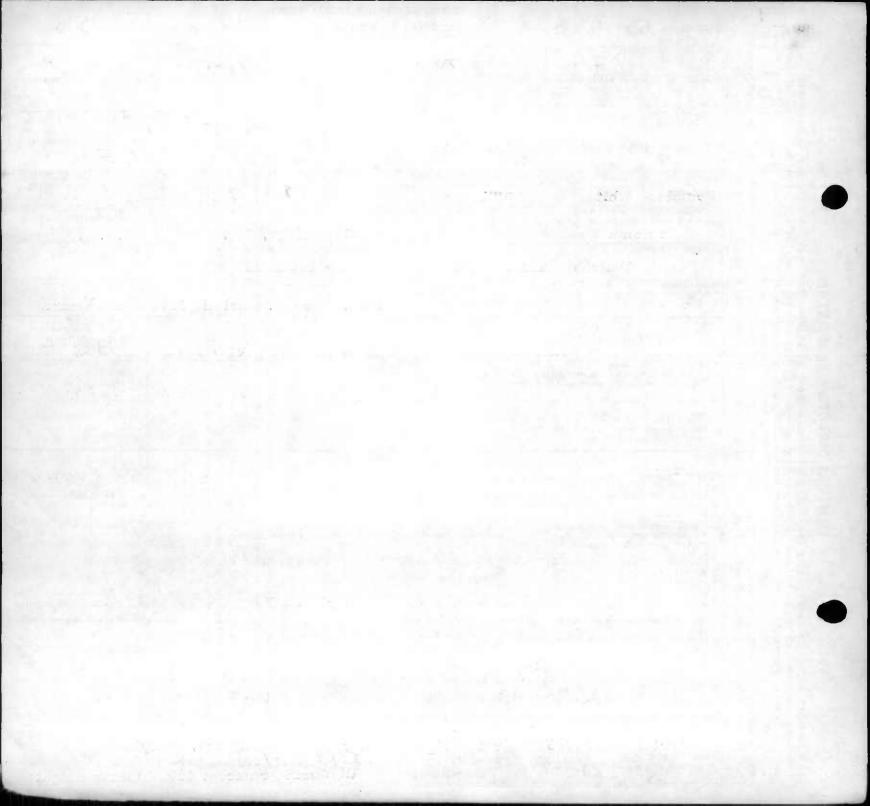
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A STATE OF THE PARTY OF THE PAR

-70-2.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CIT	Y HEALTH DEPARTMENT	CE OFO-
вити но. 65 0508	CERTIFICA	ATE OF DEATH Registered No.	. 65 0508
M.E. CASE NO.  1. NAME OF DECEASED.  (Type or Print)	FRAN PIPON	2. DATE AND HOUR OF DEATH	1245 P M
3. PLACE OF DEATH IN BALTIMORE, MARYLA		4. USUAL RESIDENCE (Where deceased lived. II i	
FULL NAME OF (If not in hospital or in: HOSPITAL OR oddress or location) INSTITUTION	stitution, give street	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
CINAI-17	0-1'01	BALDIMORE	
	OS P/9/AC	D. STREET ADDRESS (If rurol, give location)	1 -
Female White	AARRIED, NEVER MARRIED (specify)  Widowed, Divorced (specify)	8. DATE OF BIRTH 9. AGE (In years tost birthdox)	If Under 1 Yr. If Under 24 Hrs. Months Doys Mours Min.
10A. USUAL OCCUPATION (Give kind of work 10B.	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home		Cambridge, Md.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
XXXXX Char		Lydia James	
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) III yes, give wor or doles of No	service) 16. SOCIAL SECURITY NO. None	Mrs. Mary F. Christis 31	.02 Minna Court
1B. 600.04-260.	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	LY /	/n= [ 11 1 2 2 1 -	
(This does not mean the mode of dying	(A) DUE TO	RETIC JYNDROM	19/2
heart failure, asthenia, etc. It means the injury or complication which coused deal		SUSPECTED-RELONE	1/1000
ANTECEDENT CAUSES	(B)	JUSPECTED - VYELONE	PHRIVIS UNKNOWN
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) state UNDERLYING CONDITION lost.	giving		
Z OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	RIBUTING DIAS	SEPES- MELLIPUS	UNTNOWN
TO THE DEATH BUT NOT RELATED  TO THE DEATH BUT NOT RELATED  TO THE DEATH BUT NOT RELATED  19A. DATE OF OPERATION  19B. CONDITION  WAS PERFORM		20 A. AUTOPSY? (Yes or Not 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., home, faim, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in Bottimo office bldg., INJURY OCCUR?	re City, give exact location)
21D. TIME (Month) (Day) (Yeor) (He	out 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not Wh		/ /
22. I certify that (I) (this hospital) att	ended the deceased from	1/8/65 19 to /	19/6/11/19
that (I) (we) last sow the deceased of	ive on 1/14/65	19ond that In(my) (our) op	nion death occurred on the date
and haur and from the causes stated a	bove. (I) (We) (did) (did not)	view the body ofter deoth.	
23A. SIGNATURE a. Qu	M.D. At	Hending Med. Stoff a Car.	238, DATE SIGNED
23C. PHYSICIAN'S NAME (Type) ARON -	Arey M.D	23D. ADDRESS SINAI 1/0	SPIPAL.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY or CI	REMATORY 24D. LOCATION (C	City, town, or county) (State)
Burial 1/18/65	Druid Ridge Cen	metery Baltimore, M	larvland
	NAME OF REGISTRAR	E I SWOOT AMACIN	ADDRESS
JAN 19 1900 (12)	but E. Vanteurin	Ellsworth Armacost 460	00 Liberty Heights
VS 150-REV, 1/1/65			

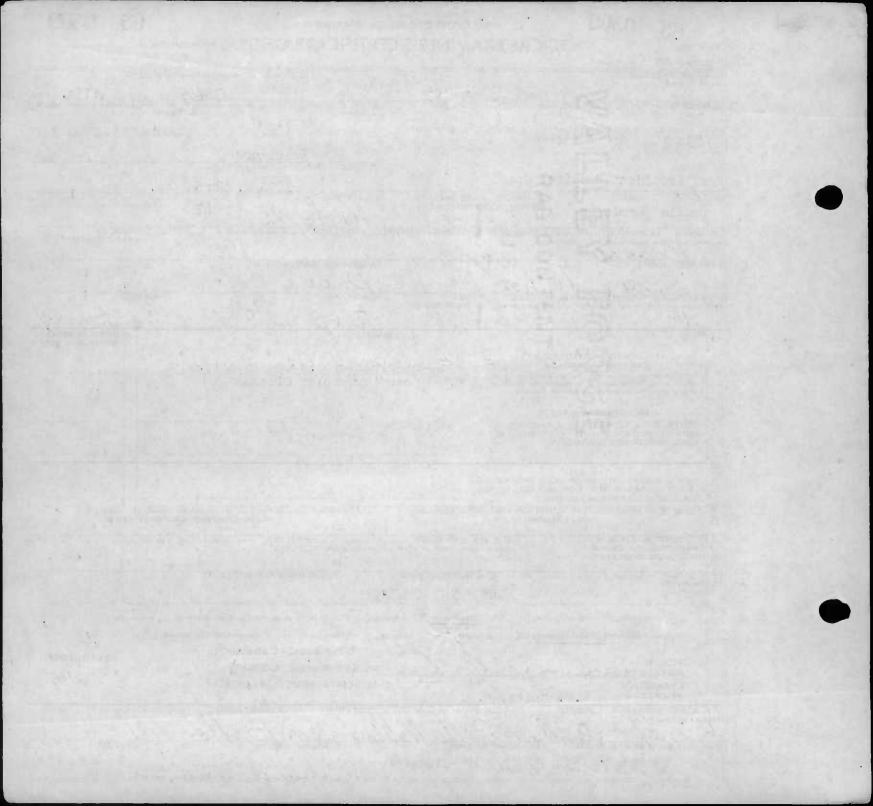


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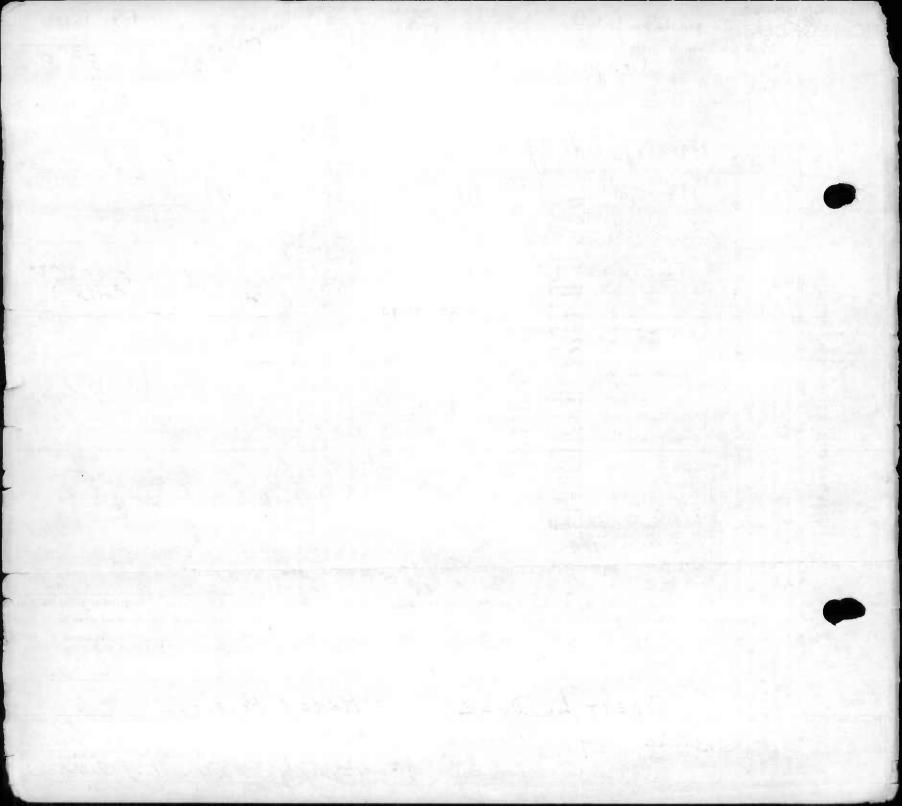
Type or Print)	ECEASED	^		1	DATE AND HOUR PR	A	
PLACE IN BA	LTIMORE MARYLAND.	WHERE PRONOL	SMTTH INCED DEAD	4. USUAL RESIDEN	1/12 NCE (Where deceased livery)	2/65 ved. Il institution: 1	u:15a.
				A. STATE	arvland	8. COUNTY	
ULL NAME OF OSPITAL OR NSTITUTION	ADDRESS OR LO	CATION)	ITION, GIVE STREET		V (II outside corporate I	imits, write RURA	L and give township
13111011011					Baltimore		000
Prov	ident Hospit	.al		D. STREET ADDRE	SS (If rural, give location	in)	
. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH		(In years   II Ur	nder 1 Yr. If Under 24
female	colored		DIVORCED (specify)	Anni 12	1099 lost birt	Month	hs Doys Hours
	CUPATION (Give kind of		BUSINESS OR INDUST	TRY 1. SIRTHPLACE (S	rate or foreign country)		TIZEN OF
one during most of	working life, even if retire	d)			Vie	W	HAT COUNTRY?
3. FATHER'S NA		1		14. MOTHER'S MA	DEN NAME		
EI	nony /	cotter		Dean	æ?		
	SED EVER IN U.S. ARA		16. SO CIAL SECURITY NO.	17. INFORMANT	- 11	ADDI	RESS
NO				150hx H.	Smith 9	ONA PUL	OCCTMONE
(This does heart lailus injury or o	ASE OR CONDITION LEADING TO DEA TO THE MENT OF THE MEN	of dying e.g., ons the discose, ed deoth.)  JSES F ANY, GIVING STATING THE		SE OF DEATH riosclerotic	and hyperter disease	ensive	INTERVAL BETWONSET AND DE
DISE  (This does heart loily injury or of the property of the	LEADING TO DEA inot mean the mode re, osthenia, etc. It me complication which cous  ANTECENDENT CAI SOR CONDITIONS, I HE ABOVE CAUSE (A VING CONDITION LA  II GNIFICANT CONDITIO	of dying e.g., ons the discose, ed deoth.)  JSES F ANY, GIVING STATING THE ST.	(A) Arte	riosclerotic rdiovascular	e and hyperter disease	ensive	
DISEASE: RISE TO THE	LEADING TO DEA to a mean the mode to a sthenio, etc. It me complication which cous ANTECENDENT CAI SOR CONDITIONS, I HE ABOVE CAUSE (A VING CONDITION LA	of dying e.g., ons the discose, ed deoth.)  JSES F ANY, GIVING STATING THE ST.  NS CONTRIBUTIN RELATED TO TI	(A) Arte	riosclerotic rdiovascular	e and hyperter disease	ensive	
DISEASE RISE TO TUNDERLY OTHER SIT TO THE	LEADING TO DEA  to any mean the mode to any mean the mode to any mean the cous  ANTECENDENT CAI  OR CONDITIONS, I  HE ABOVE CAUSE (A  VING CONDITION LA  II  GNIFICANT CONDITIO DEATH BUT NOT OR CONDITION CAUS  OF OPERATION 198. CO	of dying e.g., ons the discose, ed deoth.)  JSES F ANY, GIVING STATING THE ST.  NS CONTRIBUTIN RELATED TO TI	(B) DUE TO  (C)	riosclerotic rdiovascular	(Yes or No)  208. IF YES		ONSET AND DE
DISEASE RISE TO THE STO THE STO THE STO THE STO THE DISEASE TO THE	LEADING TO DEA  to any mean the mode to any mean the mode to any mean the cous  ANTECENDENT CAI  OR CONDITIONS, I  HE ABOVE CAUSE (A  VING CONDITION LA  II  GNIFICANT CONDITIO DEATH BUT NOT OR CONDITION CAUS  OF OPERATION 198. CO	of dying e.g., ons the discose, ed deoth.)  JSES F ANY, GIVING STATING THE ST.  NS CONTRIBUTIN RELATED TO TI ING IT.  ONDITION FOR Y PERFORMED	(A) Arte	riosclerotic rdiovascular adiovascular 20A. AUTOPSY? no	(Yes or No) 208. IF YES IN CERTIFY	, WERE FINDINGS ING CAUSES OF	ONSET AND DE
DISEASE:  (This does heart loily injury or of the property of	LEADING TO DEA  TO THE MENT MAN TO THE MENT MA	of dying e.g., ons the discose, ed death.)  JSES F ANY, GIVING STATING THE ST.  NS CONTRIBUTIN RELATED TO TI ING IT.  ONDITION FOR V PERFORMED  21 B. home, etc.)	(A) Arte	riosclerotic rdiovascular  20A. AUTOPSY? nO p. in or obout 21C. Wholfice bldg, INJURY	(Yes or No) 208. IF YES IN CERTIFY	, WERE FINDING ING CAUSES OF ore City, give exoc	ONSET AND DE
DISEASE: RISE TO TUNDERLY  OTHER SITO TO THEE DISEASE 19A. DATE GO  VINDERLY  VINDERLY	LEADING TO DEA  TO THE MENT MAN TO THE MENT MA	of dying e.g., ons the discose, ed deoth.)  JSES F ANY, GIVING STATING THE ST.  NS CONTRIBUTIN RELATED TO TI ING IT. ONDITION FOR Y PERFORMED  21B, home, etc.)  Yeorl (Hour) 2	(A) Arte	riosclerotic rdiovascular  20A. AUTOPSY? nO p. in or obout 21C. Wholfice bldg, INJURY	(Yes or No) 208. IF YES IN CERTIFY HERE DID (II in Boltimo	, WERE FINDING ING CAUSES OF ore City, give exoc	ONSET AND DE
DISEASE:  RISE TO TUNDERLY  OTHER SITO TO THE DISEASE  19 A. DATE OF INJURY (APPROX.)  22.	LEADING TO DEA  TO THE MENT MAN  ANTECENDENT CAI  SOR CONDITIONS, I  THE ABOVE CAUSE (A  ING CONDITION LA  III  GNIFICANT CONDITION  OF OPERATION 198. C  WAS  AL CAUSE WAS  GOR CONTRIB-  USE OF DEATH.  (Month) (Doy) (1)	of dying e.g., ons the discose, ed death.)  JSES F ANY, GIVING STATING THE ST.  NS CONTRIBUTIN RELATED TO TI ING IT. ONDITION FOR V PERFORMED  21 B, home, etc., (Feor) (Hour) 2 W. W.	(A) Arte	riosclerotic rdiovascular  20A. AUTOPSY? NO p. in or obout 21C. Who office bldg. NJURY of the bldg. NJURY of	(Yes or No) 20B. IF YES IN CERTIFY HERE DID (II in Boltimo OCCUR?	, WERE FINDINGS ING CAUSES OF ore City, give exoc	ONSET AND DE  S CONSIDERED DEATH?
DISEASE:  RISE TO TUNDERLY  OTHER SITO THE DISEASE  19A. DATE OF UNDERLY OF THE DISEASE  19A. DATE OF THE DISEASE  21A, EXTERN UNDERLY OF THE DISEASE  OF THE DISEASE  21A, EXTERN UNDERLY OF THE DISEASE  OF THE DISEASE  21A, EXTERN UNDERLY OF THE DISEASE  21A, EXTERN UNDERLY OF THE DISEASE  21A, EXTERN UNDERLY OF THE DISEASE  OF THE DISEASE OF THE DI	LEADING TO DEA  TO THE MENT MAN  TO THE MENT MAN  ANTECENDENT CAL  SOR CONDITIONS, I  THE ABOVE CAUSE (A  ING CONDITION LA  ING CONDITION CAUS  OF OPERATION 19B. C  WAS  AL CAUSE WAS  GLOR CONTRIB-  USE OF DEATH.  (Month) (Doy) (1	of dying e.g., ons the discose, ed deoth.)  JSES F ANY, GIVING STATING THE ST.  NS CONTRIBUTIN RELATED TO TI ING IT. ONDITION FOR V PERFORMED  218. home. etc.)  Yeorl (Hour) 2  m. V	(A) Arte	20A. AUTOPSY? NO 3. in or obout 21C. We office bldg., INJURY of WORK	(Yes or No.) 208. IF YES IN CERTIFY HERE DID (II in Boltimo DCCUR?  W DID INJURY OCCUR	, WERE FINDINGS ING CAUSES OF ore City, give exoco	ONSET AND DE  S CONSIDERED DEATH?
DISEASE:  RISE TO TUNDERLY  OTHER SITO THE DISEASE  19A. DATE OF UNDERLY OF UNDERLY OF THE DISEASE  21A, EXTERN UNDERLY OF THE DISEASE  21	LEADING TO DEA  TO THE MENT MAN  ANTECENDENT CAI  SOR CONDITIONS, I  THE ABOVE CAUSE (A  ING CONDITION LA  III  GNIFICANT CONDITION  OF OPERATION 198. C  WAS  AL CAUSE WAS  GOR CONTRIB-  USE OF DEATH.  (Month) (Doy) (1)	of dying e.g., ons the discose, ed deoth.)  JSES F ANY, GIVING STATING THE ST.  NS CONTRIBUTIN RELATED TO TI ING IT. ONDITION FOR V PERFORMED  218. home. etc.)  Yeorl (Hour) 2  m. V	(A) Arte	20A. AUTOPSY? NO 2. in or obout 21C. Whe office bldg, INJURY of WORK  Autopsy Ond ide Hamleid	(Yes or No.) 208. IF YES IN CERTIFY HERE DID (II in Boltimo DCCUR?  W DID INJURY OCCUR	were findings ing causes of ore City, give exoc	ONSET AND DE  S CONSIDERED DEATH?  St locotion)
DISEASE:  (This does heart loily injury or of the control of the c	LEADING TO DEA  to any mean the mode to any mean th	of dying e.g., ons the discose, ed deoth.)  JSES F ANY, GIVING STATING THE ST.  NS CONTRIBUTIN RELATED TO TI ING IT. ONDITION FOR V PERFORMED  218. home. etc.)  Yeorl (Hour) 2  m. V	(A) Arte	20A. AUTOPSY?  NO P. in or obout 21C. Who office bidg., INJURY of WORK  T WHILE WORK  Autopsy Ond ide Hamicid.  CHIEF ME	(Yes or No) 208. IF YES IN CERTIFY HERE DID (II in Boltimo OCCUR?  W DID INJURY OCCUR  that on this basis, de Undetermin	, WERE FINDING: ING CAUSES OF ore City, give exoco	ONSET AND DE  S CONSIDERED DEATH?  It locotion)
OTHER SITO THE DISEASE  21 A, EXTERN UNDERLYING UTING CA  21 D TIME OF INJURY (APPROX.)  22.  1 cc  ACTU  SIGNA  EXAM	AL CAUSE WAS  AL CAUSE WAS  AL CAUSE WAS  (Month) (Doy) (  (Month) (Doy) (  AL  TURE  ANTECENDENT CA  II  GNIFICANT CONDITION, I  HE ABOVE CAUSE (A  VAS  AL CAUSE WAS  CONDITION CAUS  AL CAUSE WAS  AL CAUSE WAS  CONDITION (Doy) (  AL  TURE  TURE  AL  TURE  II  CONDITION CAUS  TURE  AL  TURE  T	of dying e.g., ons the discose, ed deoth.)  JSES F ANY, GIVING STATING THE ST.  NS CONTRIBUTING THE ST.  NS CONTRIBUTION RELATED TO TING IT.  ONDITION FOR VERFORMED  21B. home. etc.)  Year)  Inquiry	(A) Arte	20A. AUTOPSY?  NO  To white work  To	(Yes or No)   208. IF YES IN CERTIFY HERE DID (II in Boltimo ) CCUR?  W DID INJURY OCCUR  thot on this bosis, de Undetermin	, WERE FINDING: ING CAUSES OF ore City, give exocons ?	ONSET AND DE  S CONSIDERED DEATH?  St locotion)
DISEASE:  (This does heart loily injury or of the control of the c	LEADING TO DEA  TO MEAN the mode  To osthenio, etc. It me  Complication which cous  ANTECENDENT CA  SOR CONDITIONS, I  THE ABOVE CAUSE (A  VING CONDITION LA  II  GNIFICANT CONDITION  DEATH BUT NOT  OR CONDITION CAUS  OF OPERATION  (MAS)  AL CAUSE WAS  GOR CONTRIB-  LUSE OF DEATH.  (Month) (Doy) (Contributed from: Noturo)  AL  TUREAL  LINER'S  (Type) W. U.	of dying e.g., ons the discose, ed deoth.)  JSES F ANY, GIVING STATING THE ST.  NS CONTRIBUTIN RELATED TO TING IT. ONDITION FOR V PERFORMED  21B. home. etc.)  Yeorl (Hour) 2  Inquiry causes A	(A) Arte	20A. AUTOPSY?  NO 2. in or obout 21C. Which in the bidg., INJURY of the	(Yes or No) 208. IF YES IN CERTIFY HERE DID (II in Boltimo DCCUR?  W DID INJURY OCCUR  thot on this bosis, de Undetermir DICAL EXAMINER	, WERE FINDING: ING CAUSES OF ore City, give exocons ?	onset and de considered de con



FUNERAL DIRECTOR: IMPORTANT

BIRTH NO. 65 Registered No. CERTIFICATE OF DEATH the and death eceased M.E. CASE NO. Such 2. DATE AND HOUR OF DEATH (Type or Print) uo 5 6 hospital eath. of 3. PLACE OF DEATH IN BATTIMORE, MARYLAND USUAL RESIDENCE (Where deceosed lived. If institution; residence before admission) Ŏ ance 8. COUNTY STATE (2) FULL NAME OF HOSPITAL OR INSTITUTION COUSE (If not in hospital or institution, give street ō address or location) CITY OR TOWN (If outside city limits, write RURAL and give township) (4) Undetermined cause; attend 0 0 prior D. STREET ADDRESS (If rurol, give location) contributing occurred is made. werse regular MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Un Months: Doys Hours If Under 24 Hrs. 5. SEX 6. RACE OF BIRTH deceased WIDOWED, DIVORCED (specify) lost birthdoy) 6-10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition death .= done during most of working life, even if retired) 0 asber Mas the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct mas assistant death no kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT or final SECURITY NO. attendance 212-01-649 any who pronounced CAUSE OF INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also, embalmed of LEADING TO DEATH 10 fracture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. 11 means the disease, regular examiner. injury or complication which coused death.) ANTECEDENT CAUSES DUE Gre 4 DISEASES OR CONDITIONS, if ony, giving 3 rise to the obove couse (A) stoting the the physician UNDERLYING CONDITION lost. the remains medical medical No physician was burns; CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. Body the chief 20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION CERTIFI WAS PERFORMED 0 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF before Corhagia 3 21B. PLACE OF INJURY (e.g., in all about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) where the hospital MEDICAL DEATH (notify medical examiner) etc.) nature; 1Boyl be obtained 21 D. TIME (Month) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 (Yearl OF INJURY approved ospital (except death); and (6 While At Not While (APPROX) 141 Mork Work any 22. I certify that (this hospital) ottended the deceased from 0 that (we) last sow the deceased alive an and that in (aur) opinion death occurred an the date of hospital must ond hour ond fram the couses stoted obove. (We) (did) (did new) view the body ofter deoth, released accident 23A. SIGNATURE 23R DATE SIGNED Attending M.D. Med. Stoff 10 Phys. Director L Phy s. written approval o 23C. PHYSICIAN'S eceased prior 23D. ADDRESS certificate Mas at NAME\_(Typel An M.D. TUBER C 105 was D.O.A. 24A. BURIAL CREMATION, 24B. 3 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) 24D. LOCATION he body REMOVAL (Specify) shows: 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS 300 D VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



Such

deceased prior to death.

written approval must be obtained before the remains are embalmed or final disposition is made.

deceased prior to death); and (6) No physician was in regular attendance on

(except where the physician who pronounced

(2) Body burns; (3) medical

the body was released to the hospital by a

shows: (1) An accident of any nature;

was D.O.A. at a hospital

0

attendance

in regular

Was the

death

fracture of any

Also,

examiner.

in a hospital and

irect or contributing cause of death (4) Undetermined cause; (5) Deceased

BIRTH NO. 65 0511	CERTIFICATE OF DEA		65 0511
Type or Print) DANZEL W. A.	Ackers	DATE AND HOUR OF DEATH	1235 P. A
FULL NAME OF HOSPITAL OR INSTITUTION  1420 Druid Idea  14	ion, give street  C. CITY OR TOWN	(If outside city limits, write	RURAL one give township)
WIDO WIDO	RIED, NEVER MARRIED B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
done during most of working life, even if retired)	w Va.	ote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dotes of services)	16. SOCIAL SECURITY NO.	DEN NAME	ADDRESS
746	23001-5297A Quita (1)	Man 14200	his Allingano

	1420 Dr	ind Kill	ave.	14200	ruid Hei	el ave.
	SEX 6. RACE  M. Neg	to mar	OIVORCEO (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (GIVen a string life, eye tried for the		JSINESS ÖR INDUSTRY	Va.		12. CITIZEN OF WHAT COUNTRY?
13.	introun	A	Scoul	14. MOTHER'S MAIDEN N	AME	222000
	Was Deceased Ever in U. S. s., no or unknown) (If yes, give	wor or dotes of service)	SECURITY NO. 2001-52976	anta acter	0-14201	Dried to il Cave
	DISEASE OR COND LEADING TO (This daes nat mean the heart failure, asthemia, etc. injury ar camplication whice	DEATH mode al dying, e.g., Il means the diseose,	(A) Sho	nelo meemo	ma	MINTERVAL BETWEEN ONSET AND DEATH 4 days
	ANTECEDENT DISEASES OR CONDITION rise to the obove co UNDERLYING CONDITION	ONS, if any, giving use (A) stating the	(C)			
ATION		NOT RELATED TO THE				
CERTIFIC	19A. DATE OF OPERATION  21A. ACCIDENT WAS UND OR CONTRIBUTING CAU	WAS PERFORMED  ERLYING   21B. PL	ACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or on or obout 21C. WHERE DID office bldg., INJURY OCCUR?	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)

R CONTRIBLE	TING	CAUSE	OF T							INJURY	
ID. TIME	(Month)	(Doy)	(Yeor)	(Hour)	21 E. I	NJURY	OCCU	RRED		21 F. HC	w

CAL	DEATH (notify	medical examiner					
	21 D. TIME OF INJURY	(Month)	(Doy)	(Yeor)	(Hour)		
-	(APPROX.)						

that (1) (wh) last saw the deceased alive an

While At Work Not While DID INJURY OCCUR?

_	_								
22.	1	certify	that	(1) (this	hospital)	attended	the	deceased	fram 1 # 10
								-	

At Work

194 J ta /	1.3	180
and that in (-u) (out ani-	ton death annual	

and haur and from the cause	stated abave. (1)	(We) (did) (did )	view the bady after death.

ZA. SIGNATURE	5	(1)
PANOA	1	1 00 L 1 1
C P A A SU A	* / -	\ \(\(\frac{1}{2}\)\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

M.D. Attending Phys. U

Stoff Phy s. Med. Director

23 B. DATE SIGNED 1.15.69

23C.PHYSICIAN'S NAME (Type)	
1	1

23D. ADDRESS M.D.

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CREMATION,	PAI

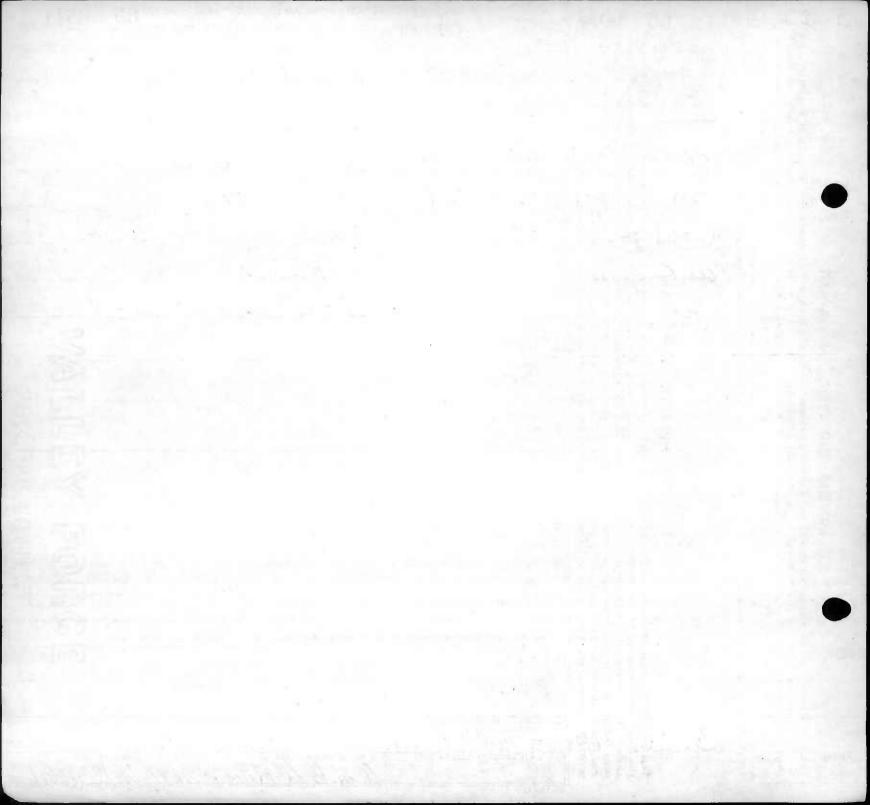
24D. LOCATION (City, town, or county) (Stote)

25B. NAME OF REGISTRAL DO., BE, FOU

DIRECTOR

ADDRESS

VS 150-REV. 1/1/65



FUNERAL DIRECTOR:

on the Such and Deceased of death hospital death. ance (2) cause (4) Undetermined cause; attend prior contributing occurred is made regular deceased death disposition = or Was the the direct assistant if death uo kind; final attendance any pronounced 0 or his A SO, embalmed of fracture the chief medical examiner examiner. regula who are 4 3 physician the remains Was medical burns; physician Body the 0 obtained before by (2) ere to the hospital ° any nature; ¥ approved by 9 (except and pe shows: (1) An accident of eath) hospital the body was released must certificate must O 10 approval 0 eceased prior to

was D.O.A.

written

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEAT

H		Regis	No		
TE.	AND	HOLLD	OF D	EATH	-

65 M.E. CASE NO. I. NAME OF DECEASED (Type or Print)

BIRTH NO.

WILLIAM JOHNSON

PLACE	OF	DEATH	IN	BALTIMORE,	MARYLAND	

15/65

B. COUNTY

4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission)

FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)

A, STATE MARYLAND C, CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE

### JOHNS HOPKINS HOSPTIAL THE

D. STREET ADDRESS (If rural, give location) 708 ENSOR STREET

6. RACE 5, SEX M NEGRO

7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify) B. DATE OF BIRTH 7/6/06

17. INFORMANT

9. AGE (In years lost birthdoy

If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min, Hours 12. CITIZEN OF

10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) done during most of working life, even if retired)

WHAT COUNTRY?

13. FATHER'S NAME

# Louis Johnson

MILLIE PEACOCK

4. MOTHER'S MAIDEN NAME

A	D	D	R	Ε	S	S	

15. Was (Yes, no	Deceased or unknown)	Ever in (If yes,	U. S. give	Armed wor or	Forces? dotes of	service)	1 6. SOCIAL SECURITY
AI	A						15/1-17

ONSET AND DEATH

## DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not meon the mode of dying, e.g., hearl failure, asthenio, etc. It means the disease, injury or complication which caused death,)

### ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.

19A. DATE OF OPERATION

MEDICAL

(B) DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No)

CERTIFICATION 198. CONDITION FOR WHICH OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF

640 218 PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?

(If in Boltimore City, give exact location)

DEATH (notify medical examined etc.) 21 D. TIME (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED

Not While

21 F. HOW DID INJURY OCCUR?

OF INJURY While At (APPROX.)

Work

Al Work

Med.

22, I certify that (I) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive on

ond that in (my) (our) opinion death occurred on the date

and hour and from the collises stated above. (1) (We) (did) (did not) view the body after death.

ZSA. SIGNATORE	
H 110. X1	MAR no
XIN KILLING	Cos his
23 C. THYSICIAN'S	
/ NAME (Type)	

Attending Phys. M.D. 23 D. ADDRESS

Stoff Phys. Z Director

23B. DATE SIGNED

JOHN

THE M.D. 24C, NAME of CEMETERY of CREMATOR

NOHNS HOPKINS HOSPTIAL

24D. LOCATION

63 JAN 18 19 25B. NAME OF

FUNERAL DIRECTOR

VS 150-REV, 1/1/65

24A. BURIAL CREMATION, 248, DATE

REMOVAL (Specify)

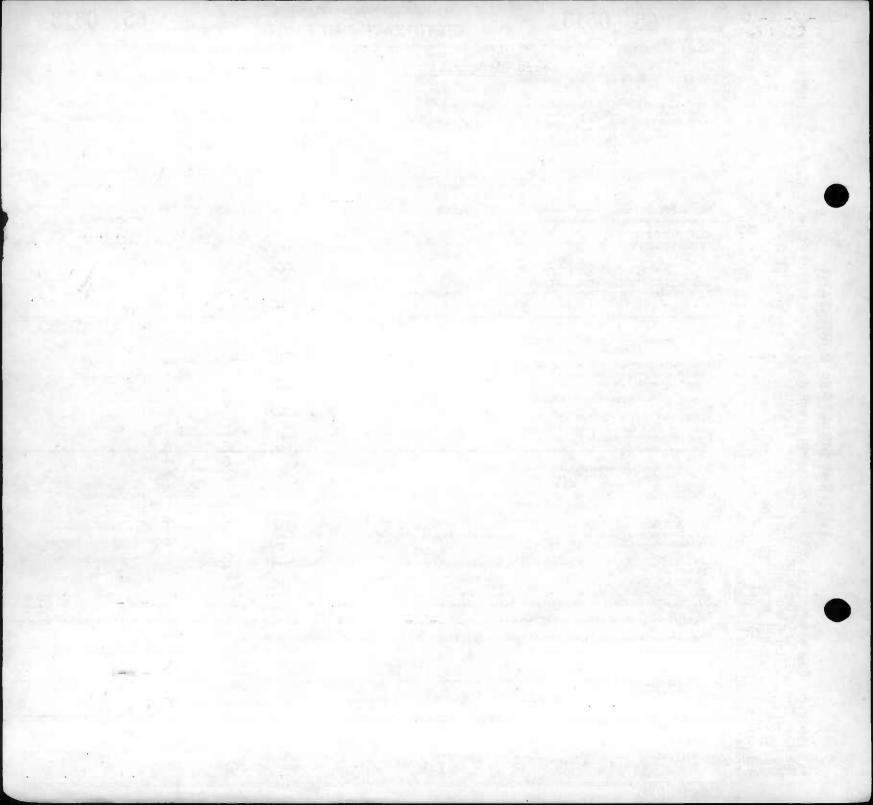
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was Book at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	E 0542		BALTIMORE CITY	HEALTH DEPARTMEN	NT	65 0513
RIH NO.	55 0513		CERTIFICA	TE OF DEAT	H Registered No	00 0010
M.E. CASE NO.	EASED (AA	RO HAR	OLD LINDQUI	IST ) 2. DA	TE AND HOUR OF DEAT	Н
Type or Print)		aro Lin	dqurst		1-14-1965	11 P
FULL NAME C	OF (If not in hospitot o		live street		(Where deceased lived. If COUNTY	26-05
HOSPITAL OR	Baltimore			C. CITY OR TOWN	(If outside city timits, write	RURAL ond give township)
- 1	4940 East			Baltimore		
31	Baltimore			706 South R	(If rurol, give locotion)	t ,21224
Male	6. RACE White	WIDOWED	NEVER MARRIED , DIVORCED (specify)  Me Widowed	8. DATE OF BIRTH 4-1-1901	9. AGE (In years tost birthdoy)	Months Doys Hours Min.
OA. USUAL OCC	UPATION (Give kind of work			11. BIRTHPLACE (Stote		12. CITIZEN OF WHAT COUNTRY?
Longsho	working life, even if retired)	Retir	eđ	Ohio		U.S.A.
3. FATHER'S NA		110 011		14. MOTHER'S MAIDE	NAME	
Unk	nown Lin	dquist		Unkno	MT D	
. Was Deceased	Ever in U. S. Armed Force	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	(If yes, give wor or dotes		SECURITY NO.	Mrs Laura Records: BCH	-4940 Eastern	Clarksville PA. Avenue
no		294	10 0185A	F DEATH	4740 20000111	INTERVAL BETWEEN
100	SE OR CONDITION DIR	ECTLY				ONSET AND DEATH
	LEADING TO DEATH		(A) Bro	onchogenic Ca	rcinoma	
	not meon the mode of osthenio, etc. It meons		DUE TO			
	nplication which coused					
1997	ANTECEDENT CAUSES		(Bt		0 0 0 0 <del>7 0 0 0</del> 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	rà di 100 mainmain <b>s</b> 400 mainmain 4 no 20
	OR CONDITIONS, if a					
	e obove cause (A) G CONDITION lost.	sloting the	(C)			
	11					
TO THE D	FICANT CONDITIONS CO EATH BUT NOT RELA CONDITION CAUSING IT	TED TO THE				
19A. DATE OF	WAS PERF	ORMED	VHICH OPERATION	ies		E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBI	NT WAS UNDERLYING UTING CAUSE OF medical examiner	21 B. home etc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, o	n or obout 21C. WHERE I	OID (If in Battime UR?	ore City, give exact location)
21 D. TIME	(Month! (Doy! (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
(APPROX.)		Whi	le At Not Whi			
22. L certify	that (1) (this hospital)				19 64 10	1-14- 19 65
	last saw the decease					pinian death accurred an the d
	d fram the causes state					primair death decorred air the c
23A. SIGNATU		a abave. (I	(we) (did) (did har) (	view the bady after de	earn.	23B, DATE SIGNED
	Hart		M.D. Att	ending Med.	Stoff	1-14-1965
23 C. PHYSICIA	ANS		Phy	23D. ADDRESS	Phy s.	T-74-T700
NAME (1	Dr. H. Rath	lbun	M.D.	4940 Easter		imore, Maryland
REMOVAL	MATION, 24B, DATE Specify)	24C. NA	ME of CEMETERY of CR	EMATORY 2	4D. LOCATION	City, town, or county) (State)
Buria	2 /2 0 /	55 Oal	k Lawn		Baltimore	Maryland
A. DATE REC'D		25B. NAME O	F REGISTRAR	25C. FUNERAL DIR	ECTOR	ADDRESS
	JAN 18 1965	(Palme 1)	E Jankey M.D.	Henry Sa	ander & Sons	Inc. Balto. Mc

VS 150-REV. 1/1/65

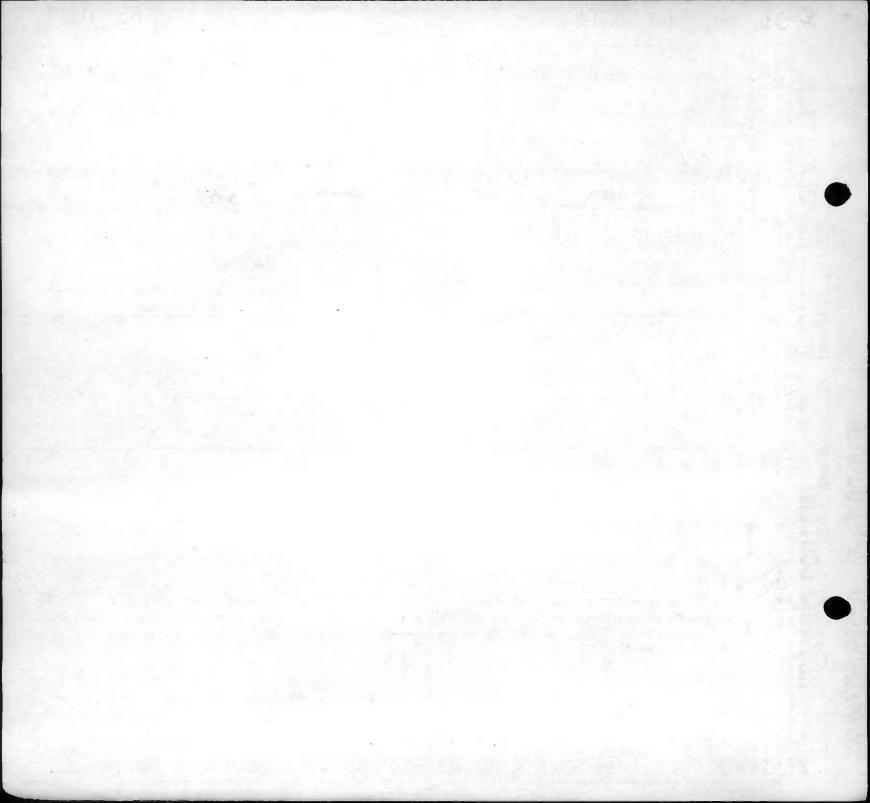
Colored S. Markey

Sander & Sons Inc. Balto.



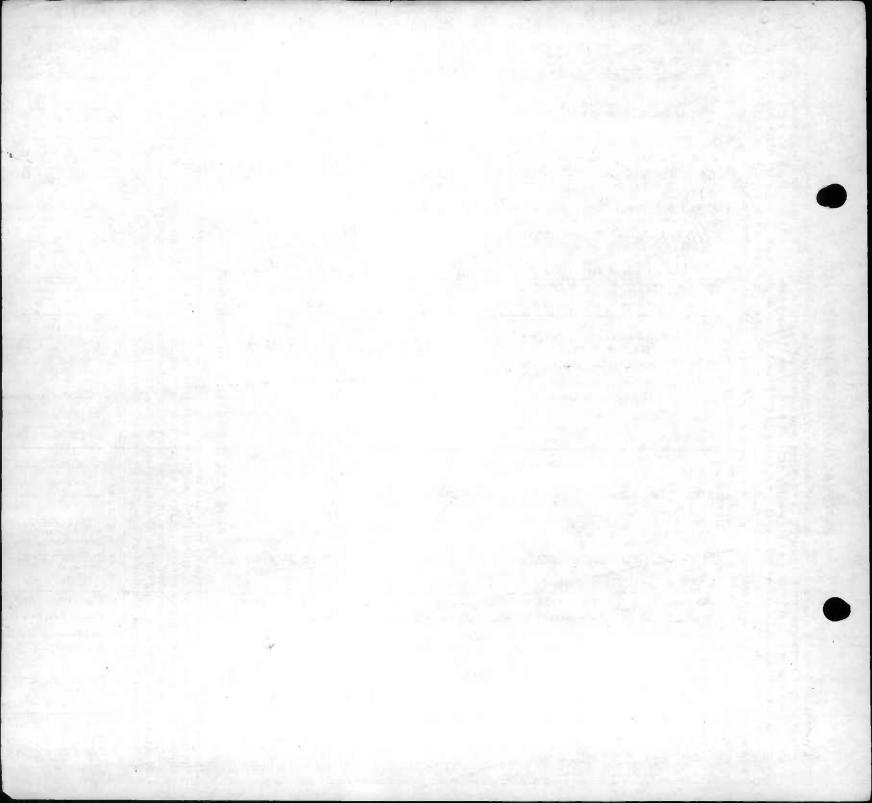
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

05	0514		BALTIMORE CI	TY HEALT	H DEPARTMENT		65 0514
MRTH NO.	UJL4		CERTIFIC	ATE C	F DEATH	Registered No	, 00 0014
NAME OF DEC	EASED ( CHAF	RLES V	VILLIAM SCHI	UETER	2. DATE	AND HOUR OF DEAT	н
Type or Print)	Schluete	r, Mr.	Charles Wil	liam	Jar	nuary 17, 19	65   8:30 a. M.
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USU			institution; residence before admission)
				-		ONTI	1-23
HOSPITAL OR	F (If not in hospital address or location		n, give street		aryland	antido alta limita unita	e RURAL of give township)
INSTITUTION						outside city limits, write	s KOKAL one give township)
1/1	St. Josep	h Hosp	ital		altimore ET ADDRESS	(If rural, give location)	
HI						13	
		1				Street #24	
5. SEX	6. RACE		D, NEVER MARRIED /ED, DIVORCED (specify)	B. DATE	OF BIRTH	9. AGE (In years lost birth lav)	If Under 1 Yr., If Under 24 Hrs. Months; Doys Hours; Min.
Male	White		ngle	May	3,1910	54	
		10B, KIND	OF BUSINESS OR INDUST		HPLACE (State or fo	oreign co	12. CITIZEN OF
-	working life, even if retired)	Works	rn Electric	77-7	4.4	26	WHAT COUNTRY?
Pensione:		este	rn -legtrie		HER'S MAIDEN N	Maryland	USA.
				14. MO	THERS MAIDEN N	IAME	
J	ohn Schluet	er		101	Elsie Mu	ueller	
	Ever in U. S. Armed For		1 6. SOCIAL	17, INFO	RMANT DOO	0 11 5	ADDRESS
	(If yes, give war ar date	s of service	SECURITY NO.		700	South Rose	e Street 21224
NO		21	6 03 5739	Mr	er Herman	F. Schlu	eter
18.	1.01		CAUSE	OF DEATH	1		INTERVAL BETWEEN
DISEA	E OR CONDITION DI	RECTLY					ONSET AND DEATH
	LEADING TO DEATH		(A) C	irrhos	is of the	liver.	
(This does i	al mean the made of	dying, e.	g., DUE TO	HALKALKIK	M T Y P XANY.	on MI Markey Street	
	asthenia, etc. II means plicalian which caused		se,				
	ANTECEDENT CAUSES		(B)				
			DUE TO				
	OR CONDITIONS, if abave cause (A)						
	G CONDITION last.	sidiling	he (C)			••••••••••••••••••••••••••••••••••••••	
		_					
Z OTHER SIGN	FICANT CONDITIONS C	ONTRIBLIT	ING				
Y TO THE D	EATH BUT NOT RELA	TED TO					
O 19A. DATE OF	CONDITION CAUSING		R WHICH OPERATION	120 A	ALITOPSY2 (Yes or	No. 208 IE VES WEB	E FINDINGS CONSIDERED
E MANDATE OF	WAS PER		K WHICH OFEKATION	207.	Yes	IN CERTIFYING C	CAUSES OF DEATH?
es							
. OR CONTRIBU	TING CAUSE OF		1B. PLACE OF INJURY (e.g.				are City, give exact location)
DEATH (notify	medical examiner		tc.)				
21 D. TIME	(Month) (Day) (Year)	(Hour) 2	1E. INJURY OCCURRED		21 F. HOW DID I	NJURY OCCUR?	
OF INJURY		1	While AI No! W	hile —			
(APPROX)		\	Work L At Wa	rk -			
			the deceased fram	ecembe	r 28,	19 64 to Jar	nuary 17, 1965
that (T) (we)	lost saw the decease	d olive ar	January 17,	19	65 ond	that in ( TVT (our) o	pinion deoth occurred on the date
		red obove.	(I) (We) (did) (did not	) view the	body offer deof	Π•	
23A. SIGNATU	Jarad To	while	has			e. u —	23B. DATE SIGNED
5	governo di	10	M.D.	hys.	Med. Director	Phys.	January 17, 1965
23C. PHYSICIA				23 D. ADE	RESS		
NAME (T	yper		M	D. 1400	N. Carol	ine Street,	Balto. 13, Md.
AA BIISIAI G	MATION COM	1=					
REMOVAL (	MATION, 248. DATE	24C.	NAME of CEMETERY OF	LKEM ATORY	24D.	LOCATION	(City, lawn, or county) (State)
Burial	1/20/	65 St	. Paul's Fi	fth F	eformed	Baltimore	e Maryland
	BY HEALTH DEPT.		E OF REGISTRAR		FUNERAL DIRECT		ADDRESS
	JAN 18 1965	(R. O.i.	5 E Sarker H.A	47		DER & SONS	
S 160 DEN 1/1/		MADORAL			1 6 / 1	1	
S 150-REV. 1/1/	55						

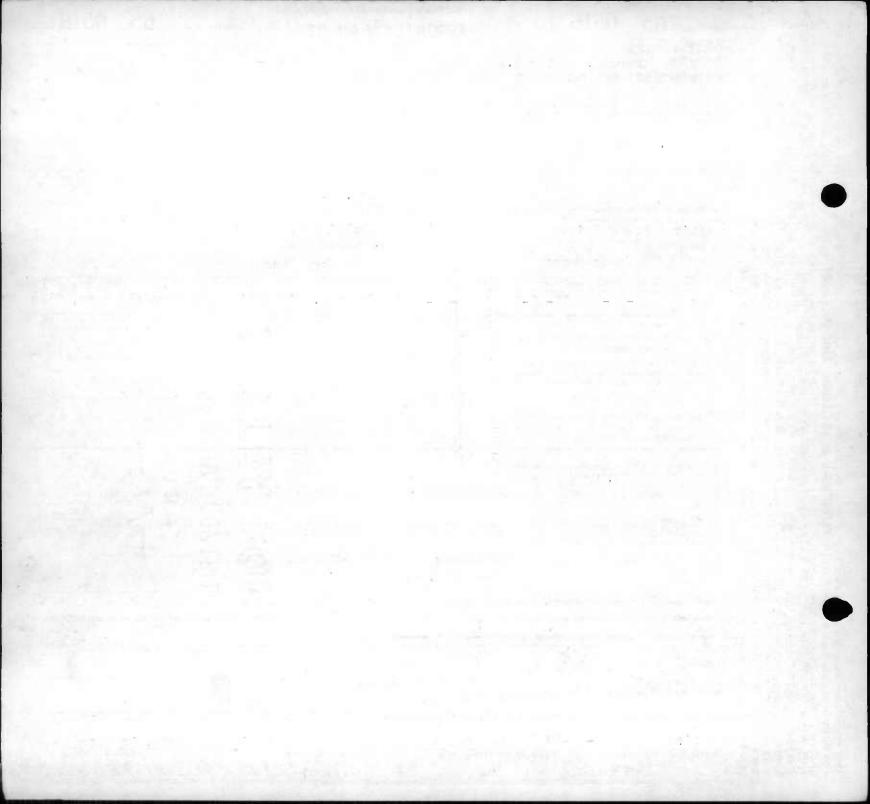


FUNERAL DIRECTOR: IMPORTANT	V
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was b.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such	5001
written approval must be obtained before the remains are embalmed or final disposition is made.	

65 0515	BALTIMORE CITY HE	ALTH DEPARTMENT	4	65 0515
BIRTH NO.	CERTIFICATE	OF DEATH	Registered Na	
M.E. CASE NO.  1. NAME OF DECEASED (WILLIAM WIL' (Type or Print) VILLIAM WIL'	Con WANN )	2. DATE A	ND HOUR OF DEATH	17 AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4.	USUAL RESIDENCE (Wh.	ere deceased lived. If inst	itution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION		0	BALTIERS  utside city limits, write RU  2 1=	
MARYLAND GENERAL HOS	PITDL D.	STREET ADDRESS	rurol, give locotion)	live
5. SEX 6. RACE 7. MARRIED, NEVER	MARRIED B. I	DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
WIDOWED, DIVC	RCED (specify)	3/29/09	lost birthdoy)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSIN	ESS OR INDUSTRY 11.	BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if relired)  Whulu w Gompositor Sun Pa	apers	MOTHERS MAIDEN NA		USA
	14.			
William Want			LLIOTT	ADDRESS
	CURITY NO.	3 24	01 Greenmon	unt Avenue
Yes World War # 2 215 03	1085		Dora E. Wa	
DISEASE OR CONDITION DIRECTLY	i L VOA	TIC COM	A	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)			2 4/10 Pa 64 55 55 55 55 55 55 55 55 55 55 55 55 55
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	1.	0.14 - 0.10	
injury ar camplication which caused death.)	Por	IM CIR	C140212	
ANTECEDENT CAUSES	DUE TO	#		<del></del>
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the	(6)			
UNDERLYING CONDITION last.	(C)		- aaaa aa	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING IT.			1.11.200	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218. PLACE	E OF INJURY (e.g., in or	obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF home, form etc.)	, foctory, street, office	bidg., INJURY OCCUR?		
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJUS	RY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
Z1D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJUS OF INJURY (APPROX.)	Not While			
W Ofk	At Work	111	10/5	117 111
22. I certify that (1) this hospital) attended the dec		17	1965 to 1	1965
that (1) (we) last saw the deceased alive an	/			ion death accurred an the dat
and hour and fram the causes stated above. (1)	(did) (did view	v the bady ofter death		
23A, SIGNATURE	M.D. Attendi	na Med.	Stoff 1	23B, DATE SIGNED
Colward ( Derson	Phys.	Director L	Phy s.	1/17/60
PANSON A PEVSON	M.D.	nd few	. Herb.	
	CEMETERY of CREMA	ATORY 24D.	LOCATION (City	, town, or county) (State)
Burial 1/20/65 Baltin	more Natio	nal Cem Re	altimore, Ma	arvland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REG		25C. FUNERAL DIRECTO		ADDRESS
JAN 18 1965 R. D. & E.	Jakeu M. A	HENRY SANI		INC.
VS 150-REV. 1/1/65		BALTIMORE'	, MARYLAND	



	0510	BALTIMORE CITY	HEALTH DEPARTMENT		05 0510
BIRTH NO.		CERTIFICA	TE OF DEATH	Registered Na.	65 0516
M.E. CASE 1.NAME ( (Type or Pr	OF DECEASED	er E.	2. DATE AN 1-15-	10 HOUR OF DEATH	AM
3. PLACE	OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (When		institution: residence before admission)
HOSPITA	AL OR oddress or locotion	or institution, give street n)	Maryland Ann	ne Arundel	CO. Q, Q, Cs.  RURAL ond give township)
INSTITU	TION		Rural - Fernda		S D = D
	St. Agnes Hospita	al		rurol, give location)	0 9 -0
			12 Ferndale Ro	oad	
S S EX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) never married	Aug. 6, 1889	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
done during	L OCCUPATION (Give kind of work most of working lite, even if retired) red Truck Driver	108. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
3. FATHE	R'S NAME		14. MOTHERS MAIDEN NA	ME	
	James Dorma		Mary Stuck	ce	
5. Wos D	ecoosed Ever in U. S. Armed For	ces? 16. SQEIAL	17. INFORMANT		ADDRESS Burnie
Yes, no or o	6-28-18 12-	-12-10 513 510-0501		rline 12 F	erndale Road, Glen
18.	54111	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DI			1. 1.	
(This	LEADING TO DEATH	dying, e.g. S (A) DUE TO	number pe	monius	· / a nours
heori	foilure, osthenio, etc. Il meons	the diseose,		intonitis	2 . 1
injury	or complication which coused	0 35 1016	orated durade	no 8 11/201	: 72 hours
	ANTECEDENT CAUSES	DUE TO	UCCUVANI DIVINO		M
	ASES OR CONDITIONS, if to the obove couse (A)			m	
	ERLYING CONDITION lost.	stoting the			
	11	8			
OTHE	R SIGNIFICANT CONDITIONS C	ONTRIBUTING			
DISEA	THE DEATH BUT NOT RELA ASE OR CONDITION CAUSING I	ІТ.			
DI 19A.D	PATE OF OPERATION 198. CON WAS PER	IDITION FOR WHICH OPERATION FORMED	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	AUSES OF DEATH?
OR CO	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF H (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimo	re City, give exact location)
Q 21 D. 11		(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF IN		While At Not Whi			
22 1				106E . 1	T of man 10 65
		l) attended the deceased fram	15 Jan	1902 10	vinian deoth occurred on the date
				at in (my) 1,0000 op	inian death occurred on the date
		ted abave. (1) (Wa) (did) (did not)	view the bady ofter death.		
23A. S	IGNATURE OF AM	0 40 4	ending Med.	Stoff T	23B. DATE SIGNED
1	Malla	Den M.D. All	s. Director	Stoff Phys.	1-15-65
	HYSICIAR'S IAME (Type)	1//	23D. ADDRESS		
		M.D.			
24A. BURIA	AL CREMATION, 248. DATE	24C. NAME of CEMETERY or CR	EMATORY 24D. L	OCATION (C	City, town, or county) (State)
Buri		965 Oak Lawn	Ral	timore Com	nty, Maryland
	E REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	JAN 18 1965	R.O. F. E. Fr. Overs	LILLUSTE	THER INC	1901 EASTERN A.
V\$ 150-RE		MCJUN -1 CONTON	7		7-11-7100 11-11-11



# IMPORTANT **DIRECTOR:** UNERAL

etermined cause; (5) prior contributing regular is mad eceased death disposition Ond. ŏ SD 4 eath 0 final ance any OF attend embalmed of fracture the chief medical examiner regular who are physician the remains Was physician O before where to the hospital S N nature; obtained 9 (except and any of hospital the body was released deat must An accident 0 approval O prior to shows: (1) eceased D.0. Was

Such

eath.

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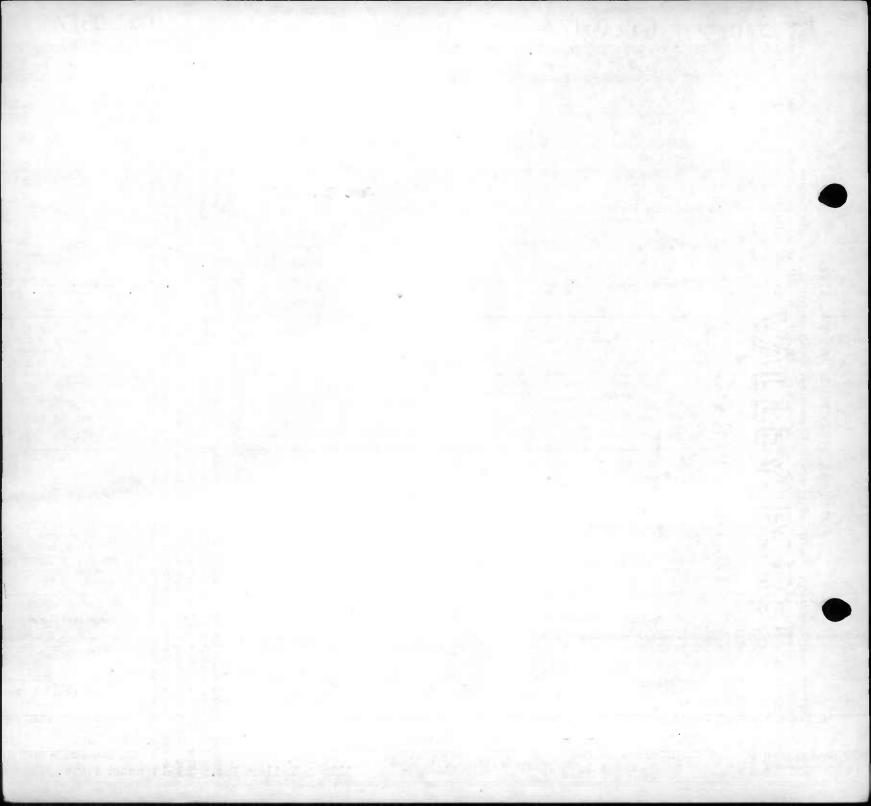
ance

and of death Deceased

hospital

CGUSO

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED Mary V. Gerstbrich 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A, STATE
B, COUNTY GERSTBRICH 3. PLACE OF DEATH IN BALTIMORE MARYLAND Maryland FULL NAME DE (If not in hospital or institution, give street HOSPITAL DR oddress or location) (If outside city limits, write RURAL and give township) Church Home and Hospital Balkmare Ballimore 31, Md. Moderia If Under 1 Yr. Months: Doys 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) Jan. 30. 1883 Widow 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Balkmore Own Home-Housewite A.2.9) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Known not known 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL (Yes, no or unknown)((If yes, give wor or dotes of service) SECURITY NO. Francis Capachbri phone-VE7-7700 ext. U3 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY myo cardial infarction LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stoling the UNDERLYING CONDITION last. CERTIFICATION DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) (Month) (Dov) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While [ (APPROX.) At Work 22. I certify that (M)(this hospital) attended the deceased from ON that (1) (we) last saw the deceased alive an and that in (my) (our) apinion death occurred an the date and hour and fram the couses stated abave. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 238. DATE SIGNED Kishor C. Mehta Attending Phys. Med. Director Stoff M.D. Phys. L 23C. PHYSICIAN'S KISHOR C MEHTA 23D. ADDRESS NAME (Type) M.D. Church teomp 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) Burial 1-19-1965 Sacred Heart Baltimore County, Maryland 25B. NAME OF REGISTRAL 2SC. FUNERAL DIRECTOR Lilly & Zeiler Inc. 1901 Eastern Ave. VS 150-REV, 1/1/65



	BALTIMORE CIT	Y HEALTH DEPARTMENT	C5 0510
RTH NO. 65 0518	CERTIFICA	ATE OF DEATH Registered No.	
NAME OF DECEASED	man: LeRoy Ti	illman 2. Date and Hour of Deat 1/14/65	900
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived, If	institution; residence before odmis
FULL NAME OF (If not in hospital or institution oddress or location) INSTITUTION	on, give street	Maryland c. CITY OR TOWN (If outside city limits, write	e RURAL ond give township)
1500	Storet	Baltimore	
1508 Poplar Gro	me sour.	D. STREET ADDRESS (If rurol, give location)	
V		1508 Poplar Grov	
	WED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)  8/16/12  52	If Under 1 Yr. If Under 24 Months Doys Hours M
OA. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired)  Ship	ryard	North Carolima	·U.S.A.
3. FATHER'S NAME	76.74	14. MOTHER'S MAIDEN NAME	-0.D.A.
Company Million		Tana Tanana	
Green Grant	1 6. SOCIAL	Lena Ingram	ADDRESS
(es, no or unknown) (If yes, give wor or dotes of servic			
no		Pearlene Tillman 103'	7 Ashburton St
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e heart failure, ostherio, etc. It means the disea		e. Cormany Dus afficie	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e	(B) DUE TO ing the (C)		ncy 16 doys?
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DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, eheart failure, osthenio, etc. It meens the disease injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giverise to the above cause (A) stating UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING CONDITION FOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive of the control of the cont	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  TING THE  DI a be  OR WHICH OPERATION   218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  218. INJURY OCCURRED  While At Not Wh Work  At Work  an  On  (I) (We) (did) (did not)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WER IN CERTIFYING CO., in or obout 21C. WHERE DID (If in Bolim office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	The findings considered Causes of Death?  The control of the contr

Burial 1/18
25A. DATE REC'D BY HEALTH DEPT.

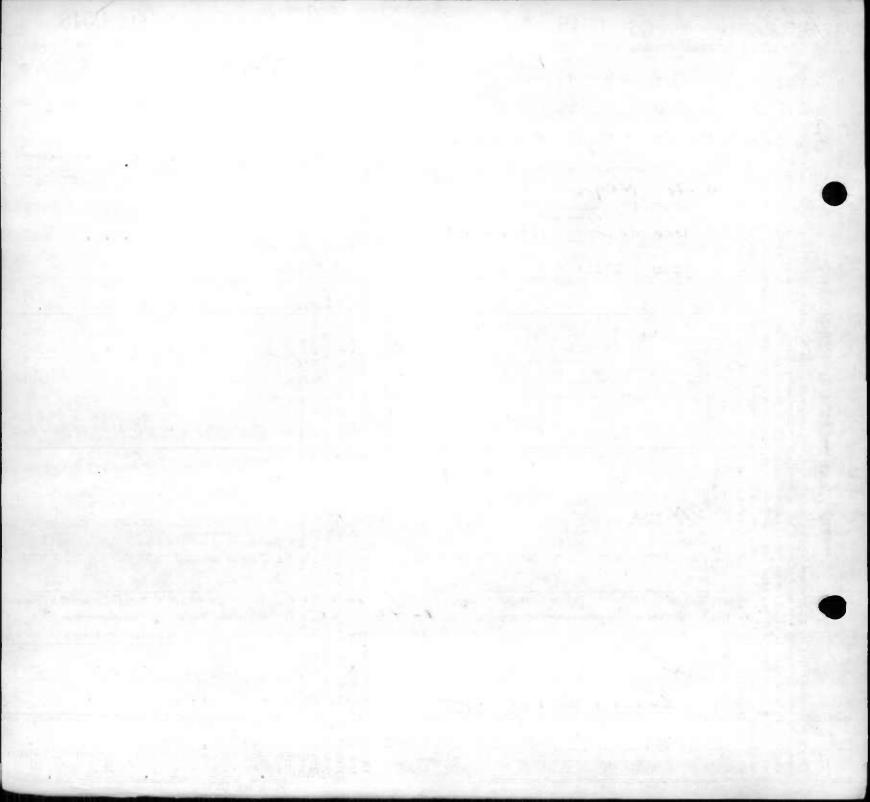
JAN 18 1965 65 Carver Memorial
258. NAME OF REGISTRAR
Club E. Fallum

Park Mu

Charles A. Rice 661

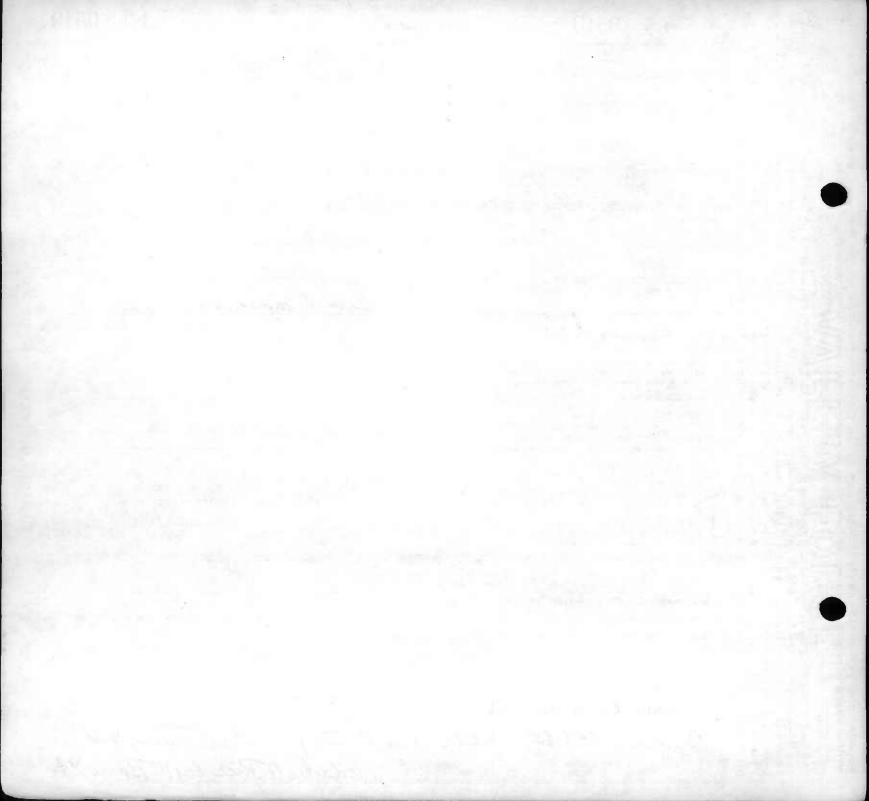
ADDRESS

W. Barre St.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such		5	2	X	0	1	
This ce the bo shows was D	FUNERAL DIRECTOR: IMPORTANT	prtificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	dy was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the 🖰	sed prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	as a manufactured from the second for the second second second second from the second
		This	the	shov	Was	dece	200

BALTIMORE CIT	TY HEALTH DEPARTMENT
M.E. CASE NO.	ATE OF DEATH Registered No. 65 0519
Type or Print! AMES TO YNES	2. DATE AND HOUR OF DEATH
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where decedsed lived. If Institution: residence before odmission
FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION	A. STATE B. COUNTY  MANY LAND BALDHOKE  C. CITY OR TOWN (If outside city limits, write RURAL and give township)
UNIVERSITY HOSPITAL	D. STREET ADDRESS (If rurol, give location) 623 ANCHER 210
6. RACE  1. SEX  1. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  1. WILL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	B. DATE OF BIRTH  9. AGE (In years lost birthday)  9. AGE (In years Months)  1 If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
lone during most of working life, even if retired)	11. BIRTHPLACE (Stole or foreign county)  11. BIRTHPLACE (Stole or foreign county)  12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Can Joynes	SILVIA
5. Was Deceased Ever in U. S. Armed Frices? Yes, no or unknown) (If yes, give war or dates of service)  SECURITY NO.	Dusie E. James, 623 arches St.
18. 420.17 CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Manager and Death
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	a marata si jaran
injury or complication which coused death.)	seud
ANTECEDENT CAUSES  (B) DUE TO	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	a of Prastake
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID office bldg INJURY OCCUR?
21 D. TIME (Month) (Doy) (Yeor) (Hour)  21 E. INJURY OCCURRED  While At Not Wholk  Work  At Work	21F. HOW DID INJURY OCCUR?
22. I certify that (1) (this hospital) attended the deceased fram	1 ANUARY 15 1965 10 HARLANY 15 1965
that (1) (we) last saw the deceased alive an James Amy	15 19 65 and that in (my) (aur) apinion death accurred an the da
and haur and fram the causes stated above. (1) (We) (did) (did nat)	view the bady after death.
	28 B, DATE SIGNED
Lameth Eyene Kill M.D. At	thending Med. Stoff Phys. Director Phys. Director 15, 1965
23A. SIGNATURE  LONNELL EYENE KULV M.D. AI Ph  23C. PHYSICIAN'S NAME (Type)	thending Med. Stoff Phys. Director D
23A. SIGNATURE  LONNECK EUGENE HALLY  M.D. Af Ph  23C. PHYSICIAN'S NAME (Type)  Kenneth Eugene Mott  AA. BURIAL CREMATION, 124B. DATE  24C. NAME of CEMETERY OF CI	18 Med. Director Phys. A January 15, 1965  23D. ADDRESS Commersely Hespital Suttinue Assylved
23A. SIGNATURE  LONNECTO EUGENE HALV  M.D. AI Ph  23C. PHYSICIAN'S NAME (Type)  Kanneth Eugene Mott  AA. BURIAL CREMATION, 24B. DATE  Ph  24C. NAME of CEMETERY OF CI  Burial  1-18-65  Mt. Aubur	Hending Med. Stoff Phys. A January 15, 1965  23D. ADDRESS  Conversely Hespital Settlinese Hayland  REMATORY  24D. LOCATION (City. town. or county) (Stole)  M. Cenvalary Ballinore, Md.
23A. SIGNATURE  LONNECK EUGENE HALLY  M.D. Af Ph  23C. PHYSICIAN'S NAME (Type)  Kenneth Eugene Mott  AA. BURIAL CREMATION, 124B. DATE  24C. NAME of CEMETERY OF CI	thending Med. Director Stoff Phys. Danvary 15, 1965  23D. ADDRESS  Commerssity Hespital Buttimere Haryland



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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 65

M.E. CASE NO.

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VS 150-REV. 1/1/65

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THIS IS A PERMANENT RECORD.

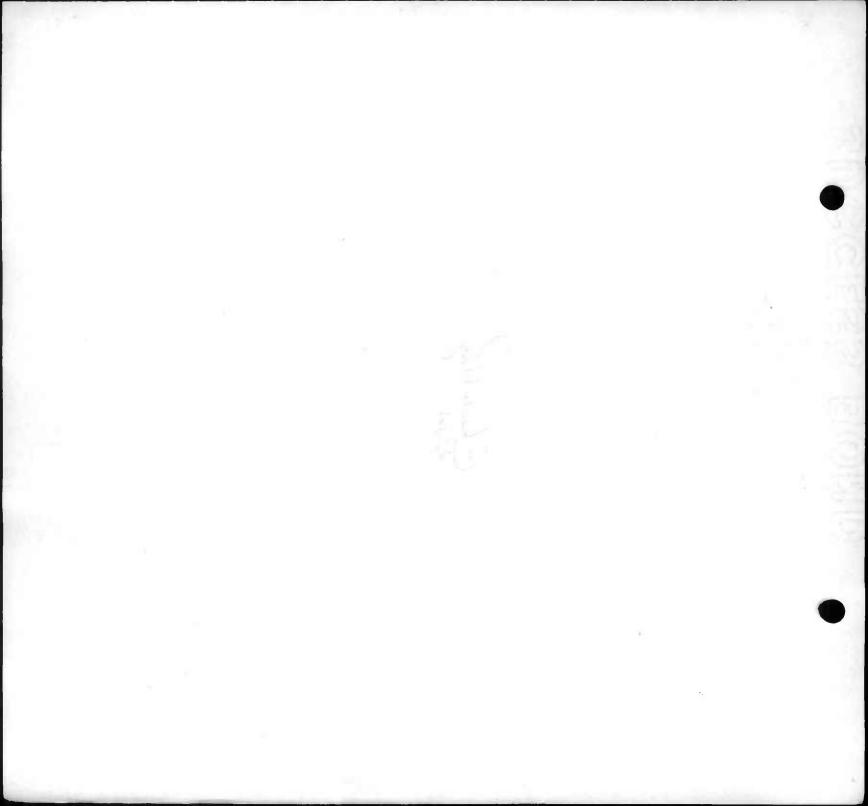
EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED.

PLEASE WRITE THE CAUSES OF DEATH CLEARLY AND LEGIBLY.

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65 0521	ALTIMORE CITY HEAL	TH DEPARTMENT		65 0504
BIRTH NO.	CERTIFICATE C	OF DEATH	Registere	
(Type or Print)	( M. Roc)	K	2. DATE OF DEAT	13,1965
3. PLACE OF DEATH IN BALTIMORE, MA FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION C ADDRESS OF LOCATION)		III .	Where deceased lived. If institution COUNTY  LAND	rasidance before admission)
1041 WE dgE	wood Rd.	C. CITY OR TOWN  D. STREET ADDRESS	(If outside city limits, write RI	
		104/	WEdGEW	ve location)
	NGLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (Iff years last birthday)	If Under I Yr. If Under 24 Hrs. Months Deys Hours Min.
done during most of working life, even if retired)	IND OF BUSINESS OR INDUST	TRY II, BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  TARAFER L. P. A. F. C. A. F.	2 4 N dRy	14. MOTHER'S MAIDEN	NAME	
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	,	17. INFORMANT	5	address Pd.
18.4 20, 11		SE OF DEATH	MA MOUNT	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)	Coronary	Thromboni	2 hours
(This daes nat mean the made of dying, e.g heart failure, asthenia, etc. It means the disease injury ar camplication which caused death.	0	1	V. + 10 -	8
ANTECEDENT CAUSES	N DUE TO	himmuli /	that Distant	ays.
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.		•••••		
rise to the above cause (A) stating the UNDERLYING CONDITION last.  II  ATHER SIGNIFICANT CANDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	T 3 3			
	E OF OPERATION	19B. CONDITION FOR WHICE WAS PERFORMED	CH OPERATION	20. AUTOPSY7 YES NO P
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g home, farm, factory, streat, etc.)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	WHILE AT NOT W	/HILE	D INJURY OCCUR?	
22   I certify that (I) (this haspital) attended that in (my) (our) opinion deoth of 23A. SIGNATURE Land L. Man	that (I) (we) lost so curred of 10.45 P.	w the deceased olive an	an the date stated above.	19.57 to 19.6 4
ATTENDING PHYS. MED. DIRECTOR 1	STAFF PHYS.   24C. NAME of CEMETERY or CRI	EMATORY	24D. LOCATION (City, I	own, or county) (Stata)
REMOVAL (Specify) BURIAL 1/18/65	Loudon P.	ARK CEM.	BALTO.	Md.
JAN 18 1965	Ceb E. Farbey M	3 G. TRUN	IAN Sch.	ADDRESS A B
VS 150		3512	FREDERIC	K AVE. 29,

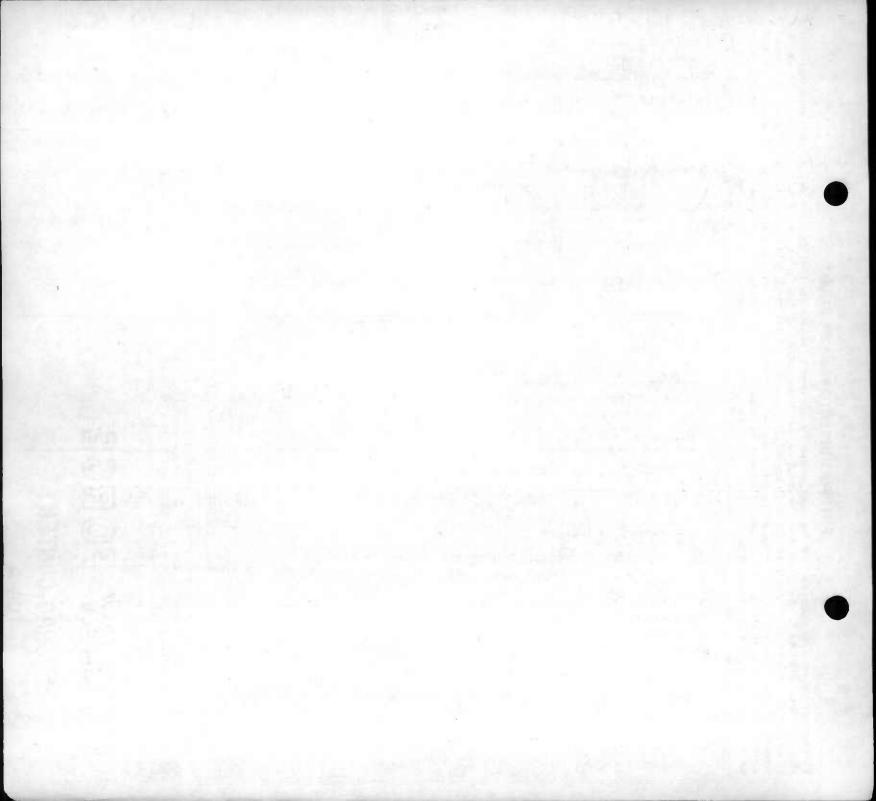
BALTIMORE CITY HEALTH DEPARTMENT



## This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

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CE OFOO	BALTIMORE CITY HE	ALTH DEPARTMENT		65 0500
BIRTH NO. DO USEZ	CERTIFICATE	OF DEATH	Registered Na.	UU UUCC
M.E. CASE NO.  1, NAME OF DECASED  (Type or Print)  3. PLACE OF DEATH IN BALTIMORE MARYLAND	Folhersin	( ) 1	D HOUR OF DEATH	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR oddress or location)  INSTITUTION  FULL NAME OF (If not in hospital or institution, give oddress or location)	1	STATE B. COUN	Engline.	15-12
STNAC HOSPITS	D.	STREET ADDRESS (II	rural, give location)	
M Croc. Miloweb.	DIVORCED (specify)	?	9. AGE (In years lost birtiday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF B done during most of working lile, even if retired)	USINESS OR INDUSTRY 11.	BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14.	MOTHERS MAIDEN NA	ME	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	INFORMANT		ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does nal mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.)	CAUSE OF D	PRDICE	car luftimi	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	DUE TO  (C)  DIAGRETEL	conory Ms	narcin Co	= 11/2.
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WIWAS PERFORMED	3) Circhards		20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. P	LACE OF INJURY (e.g., in or lorm, foctory, street, office	obout 21C. WHERE DID bldg., INJURY OCCUR?	(II in Boltimor	re City, give exact location)
<del>-</del>	At Not While At Work	21F. HOW DID INJ	URY OCCUR?	1/18
22. I certify that (1) (this hospital) attended the that (1) (we) last saw the deceased alive an		tokil.	at In(my) (aur) api	inian death accurred an the date
and haur and fram the causes stated abave. (1)  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  A CTION TO MARKET TO M	M.D. Attendir Phys. 23D.	Med. Director	Stoff Phys.	23B. DATE SIGNED
REMOVAL (Specify)	POSEAALE  REGISTRAR	25C. FUNERAL DIRECTOR	ALLIMOR.	E Md ADDRESS  Des C 2100 Eulas F



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de	0	0	_ (e		I must be obtained before the remains are embalmed or final disnosition is made
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+ H	150	en	Spi	dec	2116
nus	lec	cid	ho	0	-
	nust be approved by the chief medical examiner or his assistant if death occurred in a hospital and	nust be approved by the chief medical examiner or his assistant if death occurred in a hospital and leased to the hospital by a medical examiner. Also, if the direct or contributing cause of death	nust be approved by the chief medical examiner or his assistant if death occurred in a hospital and leased to the hospital by a medical examiner. Also, if the direct or contributing cause of death cident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	nust be approved by the chief medical examiner or his assistant if death occurred in a hospital and leased to the hospital by a medical examiner. Also, if the direct or contributing cause of death cident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased hospital (except where the physician who pronounced death was in regular attendance on the	nust be approved by the chief medical examiner or his assistant if death occurred in a hospital and leased to the hospital by a medical examiner. Also, if the direct or contributing cause of death cident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such

the body was released (1) An accident

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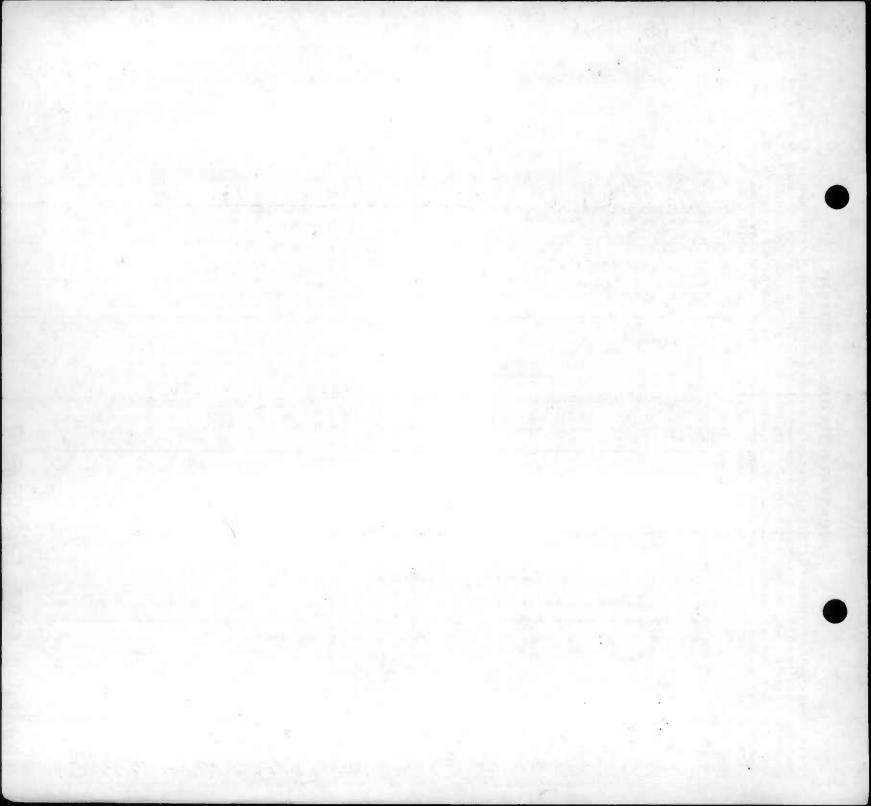
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admiss 3. PLACE OF DEATH IN BALTIMORE MARYLAND A. STATE FULL NAME OF (If net in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If eutside city limits, write RURAL and give township) INSTITUTION ANKLIN SQUARE HOSP. BALTIMORE D. STREET ADDRESS (If rurol, give location) KENWOOD AVE 5. SEX 9. AGE (In years 7. MARRIED, NEVER MARRIED Months Doys Heurs If Under 24 Hrs. 6. RACE lost birthday) WIDOWED, DIVORCED (specify) 10A, USUAL OCCUPATION (Give kind of werk 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fereign Country) 12. CITIZEN OF WHAT COUNTRY? dene during mest of working life, even il retired) UIRGI NIA U.S. A. 1+W 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Ferces 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in er obout 21C, WHERE DID heme, form, factery, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) (Menth) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Werk 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) last sow the deceased alive on ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated above. (I) (We)((did) (did not) view the body ofter death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Stoff M.D. Med. Director \_\_\_ Phys. 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) PERREIR FRANKLIN M.D. 24A. BURIAL CREMATION. REMOVAL (Specify) 24D. LOCATION 25A. DATE REC'D BY 58. NAME OF REGISTRAR 250. FUNERAL DIRECTOR VS 150-REV, 1/1/65



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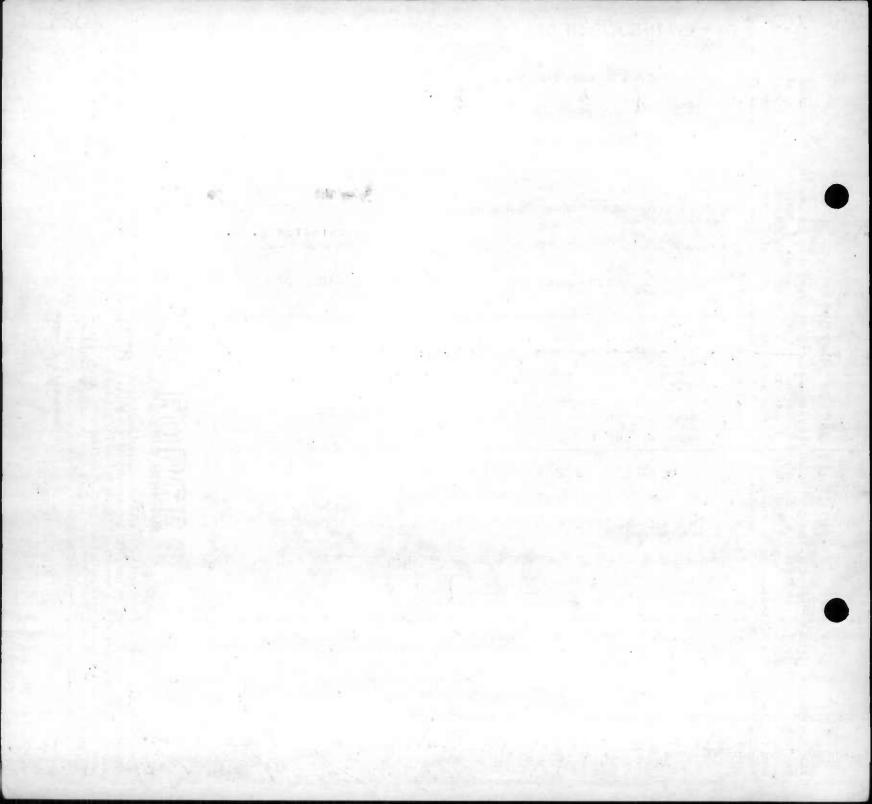
Registered No. M.E. CASE NO.65 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LITTLE ELEANOR ELIZABETH 1-16-65 12:30A 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS ST. AGNES RECORDS -- CATON & WILKENS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) 22. I certify that (I) (this haspital) attended the deceased from JANUARY 15 19 65 to JANUARY 16 19 65 that (I) (we) last sow the deceased alive on JANUARY 15, 19.55, and that in (my) (our) opinion death occurred on the date 238. DATE SIGNED BALTIMORE (City, town, or county) Jan. 19/65 Holy Redmeer Cem. Burial Balto. Md. 2024 Cellans At FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF RECHTRA VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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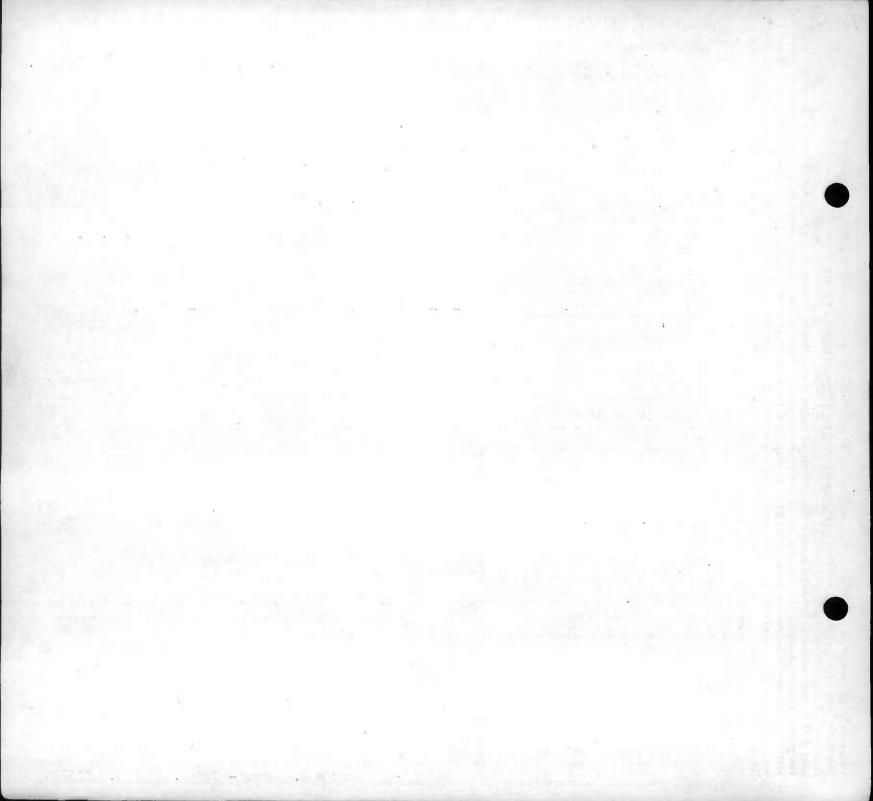
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

	BALTIMORE CITY	HEALTH DEPARTMENT	65 0505
BIRTH NO. 65 0525	CERTIFICA	TE OF DEATH Registered	No. 65 0525
M.E. CASE NO.  1. NAME OF DECEASED	.10.14	2. DATE AND HOUR OF D	EATH
(Type or Print) LRENE R	ickegs	1/17/65 3	/ . M
B. PLACE OF DEATH IN BALTIMORE, MARYLA	AND	4. USUAL RESIDENCE (Where deceased live	d. If institution: residence before admission)
FULL NAME OF (If not in hospital or in HOSP(TAL OR oddress or location)	nstitution, give street	MARYLAND	1100
INSTITUTION		C. CITY OR TOWN (If outside city limits,	write RURAL and give township)
THE JOHNS HOPKINS	HOSPITAL	D. STREET ADDRESS (If rural, give locotion	on) (
		751 GEORGE STREE	T. Company
6. SEX 6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8 DATE OF BIRTH 9. AGE (In year	s If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
FEMALE NEGRO	WIDOW	3/9/14 50	
OA. USUAL OCCUPATION (Give kind of work 10B one during most of working life, even if retired)	R. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12, CITIZEN OF WHAT COUNTRY?
		WASHINGTON D. C.	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
CHARLES JOHNSON		LULA JOHNSON	
5. Was Deceased Ever in U. S. Armed Forces? es. no or unknown) (If yes, give wor or dotes of	f service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
18. 1 75. 01	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT		in lad Pahilland adams	
LEADING TO DEATH  (This does not mean the mode of dy)	(2)	minated tapillary adeno	careinoma
heart foilure, osthenio, etc. It means the	diseose,		
injury ar camplicolian which caused dec	o th.)	obably primary in ova	my ? 6 mo
ANTECEDENT CAUSES	DUE TO		***************************************
DISEASES OR CONDITIONS, if ony,			
UNDERLYING CONDITION fost.			
Z	TRIBUTING	1 2 1 . 1	
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE PRIVIOSAL	evotic Cardiovos, dise	use years
DISEASE OR CONDITION CAUSING IT.	ION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, 'IN CERTIFYIN	WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITI	MED	NO IN CERTIFYIN	G CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or obout 21 C. WHERE DID (If in B	oltimore City, give exact location)
DEATH (notify medical examine)	etc.)	moo ologo maoki occok:	
21D. TIME (Month) (Doy) (Year) (H	Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not White Work At Work		
22. I certify that (I) (this hospital) of		12/24 19 64 10	1/17 19 65
that (I) (we) last saw the deceased a	11/7	1 ,	
			r) opinion death occurred on the da
and hour and from the causes stoted	above (I) (me) (did) (did not)	view the body after death.	23B. DATE SIGNED /
1/11/	Address M.D. AH	ending Med. Stoff	1/12/105
23C. PHYSICIAN'S	4CTCT Phy	23D. ADDRESS	111100
NAME (Type)	MADDREY M.D.	Tohny Hopkin	& FOCD of Rolling
WILLS C	MADDREY M.D.	EMATORY 24D, LOCATION	(City, town, or county) (State)
REMOVAL (Specify)	119 CEMETER OF CR	240. LOCATION	(City, town, or county) (State)
Durin 1/20/65	M. CAlVA	Gles I	Jurpie Mg
25A. DATE REC'D BY HEALTH DEPT. / 25E	B. NAME OF REGISTRAR	25CL HUNERAL DIRECTOR	10 num Jodgess
3411 TO 1202 (1)	Seed E, JOHNEUMIN	June 1 Cano	11-7400 MARENIEN 1
'S 150-REV. 1/1/65			



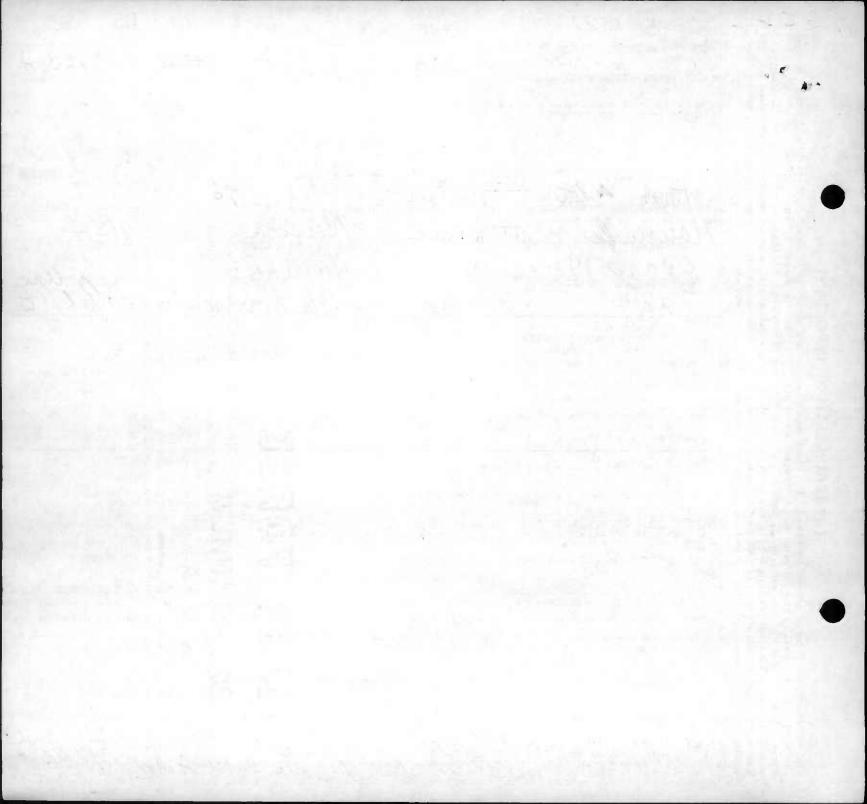
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00	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
IMPORTANT	or his assistant i Also, if the dire re of any kind; (4	attendance on t Imed or final dis
FUNERAL DIRECTOR: IMPORTANT	medical examiner. edical examiner. burns; (3) A fractu	hysician who pro in was in regular remains are emba
FUNER	oved by the chief hospital by a m nature; (2) Body	cept where the p nd (6) No physicia tained before the
	This certificate must be apprite body was released to the shows: (1) An accident of any	was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased pr written approval must be obtained before the remains are embalmed or final disposition is made.

OFFICION TO OF	DEATH Registered No. 65 0526
BIRTH NO. 65 0526 CERTIFICATE OF	DLAIN
NAME OF DECEASED Type or Print)	2. DATE AND HOUR OF DEATH
Froney Joseph Thompson	Jan. 16, 1965 1:15 p
PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL R A. STATE	RESIDENCE (Where deceased lived, If institution: residence before admissi B. COUNTY
FULL NAME OF (If not in hospital or institution, give street	ryland 2 6-/0
	TOWN (If outside city limits, write RURAL and give township)
Bal	ltimore
235 S. East Avenue D. STREET A	ADDRESS (If rurol, give location)
235	5 S. East Avenue
SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF WIDOWED, DIVORCED (specify)	BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 P. Months; Doys Hours; Min
Male White Married Aug. 12	2. 1898 66
A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA	A CE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
ine during most of working life, even if relired)  Electrician Guilford Electronics Balt	
	timore, Maryland U. S. A.
	The second secon
	2. ?
. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMA	ANT ADDRESS
Yes World War I 213-05-3384 Mrs. Ca	atherine Thompson- 235 S. East Avenue
18. 1/ D   I CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
UNDERLYING CONDITION last.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.    19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUT   WAS PERFORMED   21A. ACCIDENT WAS UNDERLYING	
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUT	FOREYS (Voc. of No.) 308 IE VES WERE FINDINGS CONSIDERED
WAS PERFORMED	OPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 21C	C. WHERE DID (If in Boltimore City, give exact location)
DEATH (notify medical examine)    218. PLACE OF INJURY (e.g., in or about 210 home, form, factory, street, office bldg., INJ etc.)	JURY OCCUR?
OF INJURY	F. HOW DID INJURY OCCUR?
(APPROX.)	
22. I certify that (I) (this hospital) attended the deceased from SEPT 4	1964 10 1/6 1963
that (I) (we) lost saw the deceased alive on 1/6 196.	ond that in (my) (our) opinion death occurred on the
ond hour and from the couses stated above. (1) (We) (did) (did not) view the bod	
23A. SIGNATURE	23B, DATE SIGNED
M.D. Attending	Med. Stoff
otentry of oresta Phys.	Director Phys.   // 8/63
23C. PHYSICIAN'S NAME (Type)	S FAST AVE BUILDING N
MENRY U. MOUSKA M.D. 333	0, -1131 17 12 PALI 0-29-11
A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY	24D. LOCATION (City, town, or county) (Stote
Burial 1/20/65 Holy Rosary Cemetery	Baltimoro, Maryland
	NERAL DIRECTOR ADDRESS
JAN 18 1965 Robert E. Farkund George	Te A. Weller - 705 S. Ann St. #21231
150-REV. 1/1/65	The state of the s



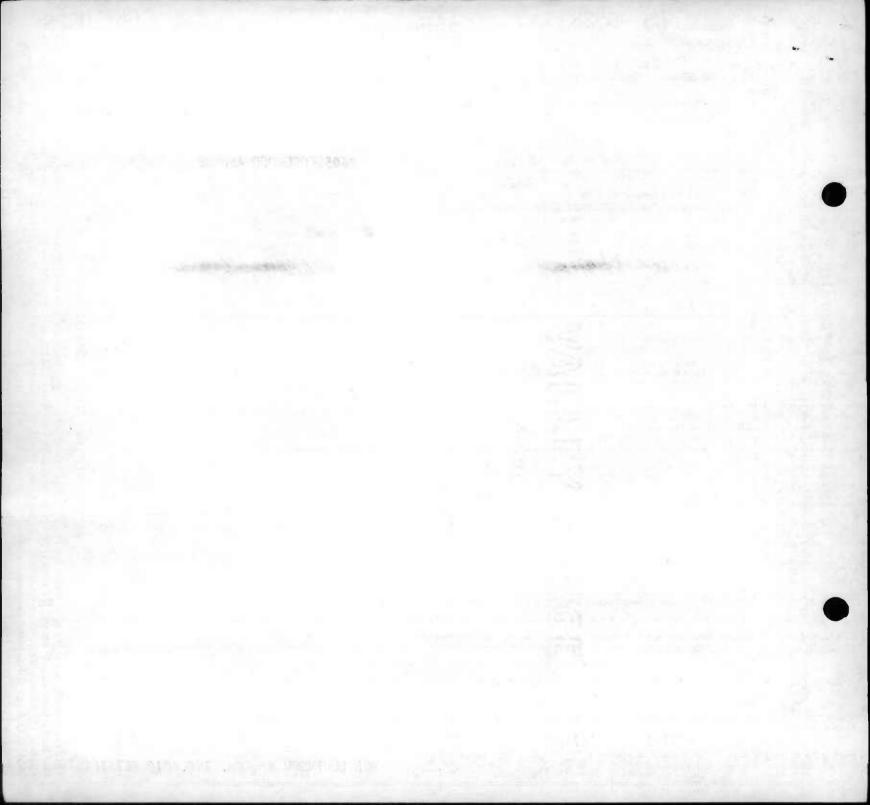
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ne body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death 🥠	pased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such	
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BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. 65 CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ATHANSON-65 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution; residence A. STATE B. COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION MORE (If rurol, give location) B. DATE/OF 9. AGE (In years If Under 24 Hrs. If Under 1 Yr. WIDOWED DIYORCED (specify) Months Doys Hours 12. CITIZEN OF CE (State or foreign country) WHAT COUNTRY? 4. MOTHER'S 15. Was Deceased Ever in U. S. Armed Forces? ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. INTERVAL BETWEEN 1B. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 2 LEADING TO DEATH (This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, ar camplication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (1) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive an... and that in(my) (aur) apihian death accurred an the date and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE Allending Stoff M.D. Med. Phys. Phys. 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 05 P11 M.D. 24A. BURIAL CREMATION, 24B. or CREMATORY SEMOVAL (Specify) VS 150-REV. 1/1/65



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•	contributing cause of death	regular attendance on the eased prior to death. Such is made.	
	Jeath or c	dec dec	
PORTANT	is assistant if of, if the direct	nced death wandence on the	The second second
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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

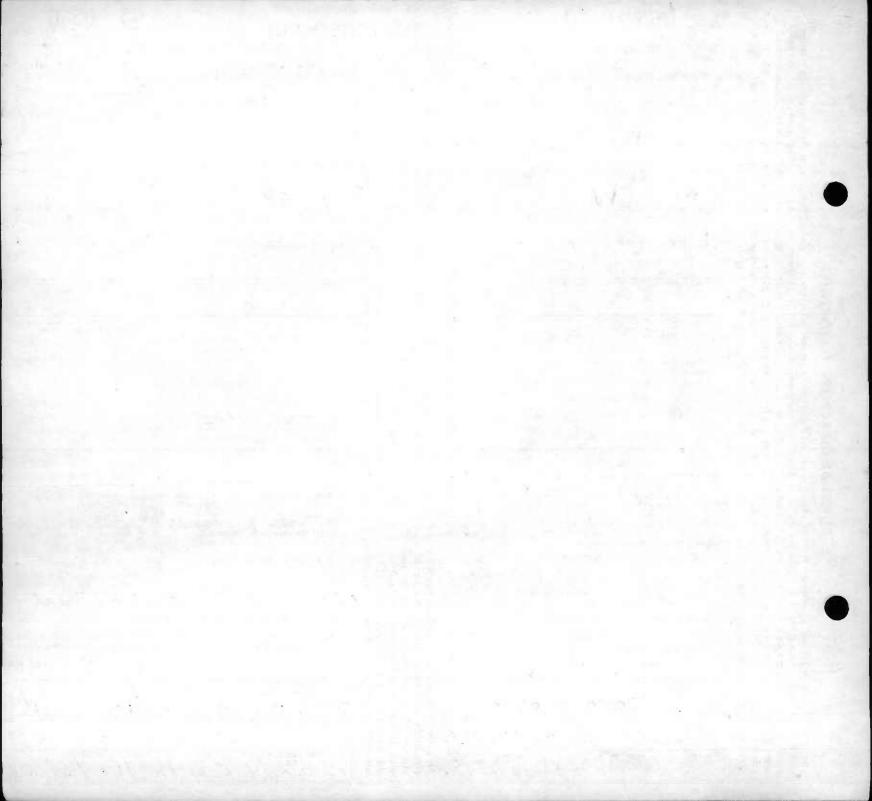
05 0500	BALTIMORE CITY	HEALTH DEPARTMENT		CE OFOR
IRTH NO. 65 0528 A.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	65 0528
NAME OF DECEASED Type or Print) LENA LERNET	3		HOUR OF DEATH	4.10 pm m.
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where		titution; residence before admission)
FULL NAME OF (If not in hospital or institution, HOSPITAL OR address or location) INSTITUTION	give sheet	C. CITY OR TOWN (If out	side city limits, white RL	JRAL ond give township)
21 Jevindale AG.	ed Home	Daltimore D. STREET ADDRESS (IF)	ural, give lacation)	
11 Belvedère + GREEN		\$ 2603 ROSEWOOD		The state of the s
	D, NEVER MARRIED D, DIVORCED (specify) WIdowed	B. DATE OF BIRTH	ast birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs Min.
OA. USUAL OCCUPATION (Give kind of work 10B. KIND Olone during most of working life, even if retired)  Housewife	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or farein	Russia)	12. CITIZEN OF WHAT COUNTRY?
LAZER WINTER		14. MOTHER'S MAIDEN NAM		
5. Was Deceased Ever in U. S. Armed Forces? Yes, na ar unknown) (Iff yes, give wor or dates of service)	SECURITY NO.	Bose SCHNYD		L GLENGYLE Ave
18. 4 2 2 1 1	CAUSE O	F DEATH	4	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(4)	CVA		5 days
(This does not meon the mode of dying, e.g. heart foilure, asthenio, etc. It means the disease injury or complication which caused death.)		1 ( ( ) ( )		Years
ANTECEDENT CAUSES	DUE TO	4 SCVD		7
DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoting the UNDERLYING CONDITION last.			a	
O THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No.)	208. IF YES, WERE FI	
OR CONTRIBUTING CAUSE OF had been been been been been been been bee	me, form, foctory, street, o	n or about 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact lacotion)
₩ OF INJURY	E. INJURY OCCURRED hile At Not While At Work		JRY OCCUR?	
22. I certify that (I) (this hospital) attended	the deceased from	4-1-1	9 5 9 10	1-14 1965,
that (I) (we) lost saw the deceased alive on	1- 14	19 6 5 ond the	nt In (my) (our) opin	Ian death accurred on the date
ond haur and from the couses stated above.	(I) (We) (did) (dld not) v	lew the body after death.		23B, DATE SIGNED
fore Ardai	Z M.D. Atte		Stoff	1-14-65
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	Phys. La	ultimore 9
JOSE AKUAL C 4A. BURIAL CREMATION, 124B, DATE 124C.N	M.D.	2015 W. Rog.	,	
REMOVAL (Specify)	IBOWITZ NUSI AT		ALTIMORE	MARY LAND
	OF REGISTRAR DEW MIR	25C. FUNERAL DIRECTOR		10 REISTERSTOWN RD
\$ 150-REV. 1/1/65				



0,000	BALTIMORE CITY	HEALTH DEPARTMENT	1	0000
MRTH NO. 65 0529 M.E. CASE NO.	CERTIFICA	TE OF BEATH	egistered No.	5 0529
1. NAME OF DECEASED	LEON CARTER	2. DATE AND HO	0-65	930
3. PLACE OF DEATH IN BALTIMORE, MARYLA	AND	4. USUAL RESIDENCE (Where dec	eased lived. If institution	on: residence before admission
FULL NAME DF (If not in haspital ar in oddress or lacotion)  23 JOHNS HOPKINS Ho		CHARLES MARYL C. CITY OF TOWN (If outside of	AND ST. M city limits, write RURAL give location)	Ond give lownship)
5. SEX   6. RACE   7. 1	AAABBIED NEVER AAABBIED	8. DATE OF BIRTH 9. AG		11 1 2 1 1 2 1 1
	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		SE (In years If L wirthday) Mon	Inder 1 Yr. If Under 24 Hr. ths Doys Haurs Min.
MALE NEGRO	MARRIED INDUSTRY	12-25-19	15	CITIZEN OF
dane during mast af warking life, even if retired)	, KIND OF BOSHIESS OK INDOSEK		omity/	WHAT COUNTRY?
Laborer		Maryland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
EUGENE CARTER		Hallie Luvenia	a Lincoln	
5. Was Deceased Ever in U. S. Armed Fasces? Yes, na ar unknown) III yes, give war ar dates af	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT Alice Butler:	Olney, Md.	ADDRESS
18. 16 2 1 1		F DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECT	TLY	1		1
(This does not mean the mode of dyi	ng. e.g., DUE TD	ar company cos		G MO
heart failure, asthenia, etc. It means the	disease,	Brongenin (		6 mo.
injuly of complication which coused dec	(B)	Bronger (	Pas cas	141
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DISEASES OR CONDITIONS, it any, tise to the obove cause (A) sta				
UNDERLYING CONDITION lost.	(6/			**************************************
DTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE DR CONDITION CAUSING IT.			Jun = 17.01 st	
DISEASE DR CONDITION CAUSING IT.	ON FOR WHICH OPERATION	[20 A. AUTOPSY? (Yes at Na)] 208	IE VEC WERE EINIDII	NGS CONSIDERED
19A. DATE OF OPERATION WAS PERFOR		NO IN	CERTIFYING CAUSES	OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21B. PLACE OF tNJURY le.g., hame, farm, factory, street, etc.)	n ar about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimare City,	give exact lacation)
21D. TIME (Manth) (Day) (Year) (H	laur 21E INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
OF INJURY (APPRDX)	While At Not Whi	le 📉		
	Work At Work		6	1616
22. I certify that (I) (this haspital) of			5 to	10 19.65
that (I) (we) lost saw the deceased a	live on	19 2 and that in	(my) (our) opinion	death occurred on the da
ond hour and from the causes stated	bove. (1) (We) (did) (did nat)	view the body after deoth.		
23A. SIGNATURE	120	MILIA SALVE TALLE	23 B.	DATE SIGNED
De	M.D. Atl	ending Med. Staff Phys.	2	1-10-65
23C. PHYSICIAN'S		23D. ADDRESS		70-67
NAME IType)	F./4 - M.D.	Tun No		1
BRUCE LEE	24C. NAME I CEMETERY OF CR	704NZ 14061	<103 F	rospical
REMOVAL (Specify)	24C, NAME OF CEMETERT OF CH	2	City, for	vn, ar county) (State)
Devial 1/13/64	met Jun	Com. Int	1 Just 1	INS
25A. DATE REC'D BY HEALTH DEPT. 25B	NAME OF REGISTRAR	256 FUNERAL DIRECTOR	1	ADDRESS //
JAN 10 1303 (1)	Lew C. Varkeymy	though K.	Mounder	- Roclines
VS 150-REV. 1/1/65				Try

10. E I TABLE I - A TABLE A Principal of the Paris of the 

65-01159	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 0530 4
BIRTH NO. DO UDGU	CERTIFICA	ATE OF DEATH	Registered No.	00 0000 4
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)	liott	2. DATE AND	HOUR OF DEATH	65 4:10 Am.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where d	leceosed lived. If insti	intion: residence before admission)
FULL NAME OF (If not in hospital or institution oddress or location)	on, give street	Md. BA	LTIMORE  a city limits, write RU	1900
INSTITUTION	1	BALTIMORE	(23)	
34 Don Secours	Hospital	D. STREET ADDRESS (If ruro	MB ARD	St.
	ED, NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (fn years	If Under 1 Yr., If Under 24 Hrs. Months; Doys Hours; Min.
MW	WED, DIVORCED (specify)	January 11, 1965	birthdoy)	5 10
10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreign	Mary Cand	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME		14. MOTHERS MAIDEN NAME	or de la contra	
James Elliott		Madeline of	Messers	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or doles of service)	1 6. SOCIAL SECURITY NO.	HORTAL Red	4	ADDRESS
18.	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2.			
(This does not meon the mode of dying, e		some Mulectar	4	5 Ars.
heart failuse, asthenio, efc. It means the disea injusy as camplication which coused death.)	ise,			
ANTECEDENT CAUSES	DUE TO	maturity 5 mos		
DISEASES OR CONDITIONS, if any, giv	ring	2165.	11 oz.	
UNDERLYING CONDITION last,				
O THER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE			
19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or Not 2	08. IF YES, WERE FIN N CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore (	City, give exact locations
OF IN HER (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJUR	r OCCUR?	
OF INJURY (APPROX.)	While At Not Wh			
22. I certify that (I) (this hospital) attende		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(e5 to	1/12 1065
that (I) (we) lost sow the deceased alive a	1/12	10		on death occurred an the date
ond hour and from the couses stated above	e. (1) (We) (did) (dld not)	view the bady ofter death.		
23A. SIGNATURE	M.D. A	Hending Med. Sto	. /	238. DATE SIGNED
23 C. PHYSICIAN'S	Ph Ph	ys. Director Phy	ys.	1/12/64
Floring Francisc	M.D	23D. ADDRESS	A bitel	Balto 23 Mid
	NAME OF CEMETERY OF C	REMATORY 24D. LOC	ATION (City,	town, or countyf (Stotef
25A. DATE REC'D BY HEALTH DENTS 188. NAM	AE, OF REGISTRAR	25C. FUNERAL DIRECTOR	VV 1	ADDRESS 23
VS 150-REV. 1/1/65	00 -1 -1-0-3	1 vonto	Karing / N	x 1600/8011cm



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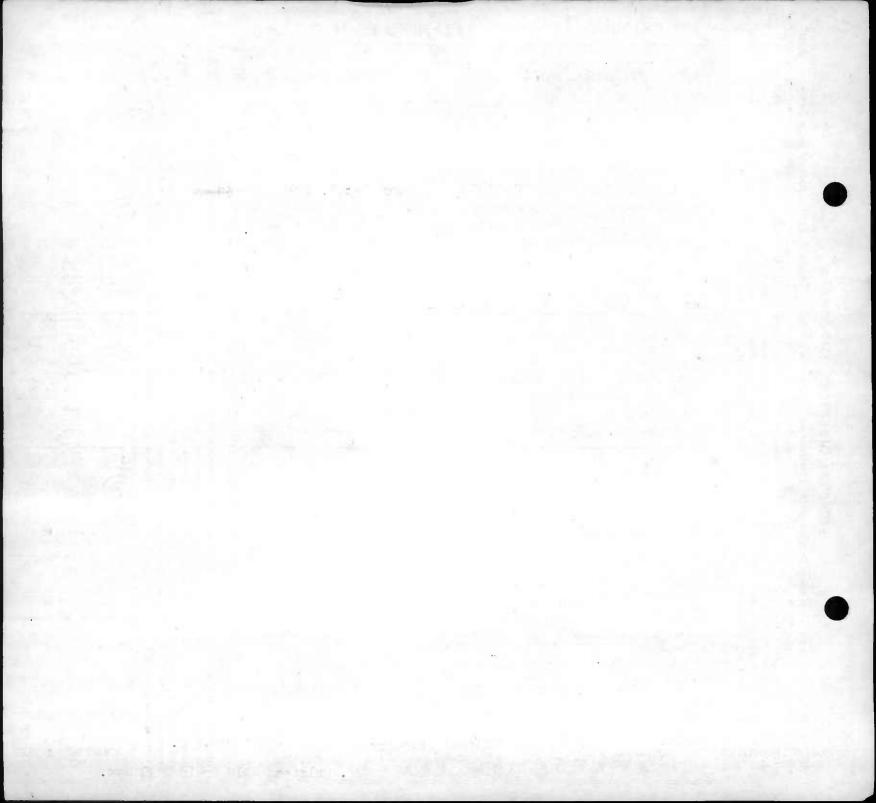
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 15 65 LEETWOOD, JOSEPH GEORGE 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before admission) (If not in hospital or institution, give street FULL NAME OF Mantland
C. CITY OR TOWN If outside city limits, write RURAL and give township! HOSPITAL OR oddress or location) INSTITUTION Baltimone Provident Hospital D. STREET ADDRESS (If rural, give location) 1115 Myrtle Avenue is made. 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED If Under 1 Yr. If Under 24 His. Hours WIDOWED DIMORCED (specify) Months Doys Dec 3, 1896 male Negro 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) USA Maryland unknown unknown 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME unknown unknown 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown)(If yes, give wor or dotes of service) 17. INFORMANT ADDRESS 16. SOCIAL final SECURITY NO. wife Mrs Lillien Fleetwood Yes WWI 215-18-9045 INTERVAL BETWEEN CAUSE OF DEATH Or ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed Cerebral Hemorrhage 15 Hrs LEADING TO DEATH (This does not mean the mode of dying, hearl failure, asthenia, etc. Il means the disease, Hypertensive Cardiovascular injury or comprication which caused death,) ANTECEDENT CAUSES DUE TO GILE DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) sloting the before the remains UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc.) MEDIC be obtained (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from 5:05pm that (I) (we) last saw the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above. (1) (We) (did not) view the body ofter death. must 23A. SIGNATURE 238, DATE SIGNED Attending M.D. Med. Phys. Director approval 23C. PHYSICIANS Hallis Semarine MD 23D. POPO Vident Hos ital M.D 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (Stote) (City, town, or county) REMOVAL (Specify) written 1/20/65 Burial National Cemetery Baltimore. Md. 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS Halstead 918 Druid Hill Ave. VS 150-REV. 1/1/65



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	nust be approved by the chief medical examiner or his assistant if death occurred in a hospital and leased to the hospital by a medical examiner. Also, if the direct or contributing cause of death to	cident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	hospital (except where the physician who pronounced death was in regular attendance on the	to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	Il must be obtained before the remains are embalmed or final disposition is made.
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BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 5.5 Registered No. RTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 1-12-65 TNDREW 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND MARYLAND HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) 826 N. LINWOOD AVE (If rurol, give location) N. LINWOOD AVE. 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED If Under 24 Hrs. If Under 1 Yr. If Und WIDOWED. OIVORCEO (Specify) lost birthdov) 11. BIRTHPLACE (State or foreign country) SINGLE 10A. USUAL OCCUPATION Give kind of work 10B. KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF WHAT COUNTRY? done during most of working life. BEASS & COPPER CO. TARYLAND WAPE. HOUSE U.S.A. 13. FATHERS NAME 4. MOTHER'S MAIDEN NAME INDEEN 15. Was Deceased Ever in U. S. Armed Forces? ADDRESS 1 6. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO YES W.W. Z. ONSET AND DEATH DISEASE OF CONDITION DIRECTLY RIOSC. C.V. Dir LEADING TO DEATH (This does not mean the mode of dving, e.g., hearl failure, astheria, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES OUF TO DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the (C) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? CERTIF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) (Month) (Dov) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While I (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive on ... and that in(my) (out) apinion death accurred an the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATUE 23B, DATE SIGNED Attending 2 Med Stoff Phys. PHYSICIANS 23D. ADORESS NAME (Type) MOSES was D.O.A deceased p 24A. BURIAL CREMATION, 24B. (City, town, or county) REMOVAL (Specify) AK LAWN CEMETERY BURIAL 25A. DATE REC'D BY HEALTH DEPT. 25C. EUNBRAL DIRECTOR AODRESS VS 150-REV. 1/1/65

BIRTH	NO	65	0533
BIKIH	NO.	UU	()()()

Such

death.

(4) Undetermined cause; (5) Deceased

if the direct or contributing

death

Body burns; (3) A fracture of

physician

regular

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a medical

This certificate must be approved by the chief medical examiner

the body was released to the hospital by shows: (1) An accident of any nature;

deceased prior to death); was D.O.A. at a hospital

or his assistant if death occurred

cause of death in a hospital

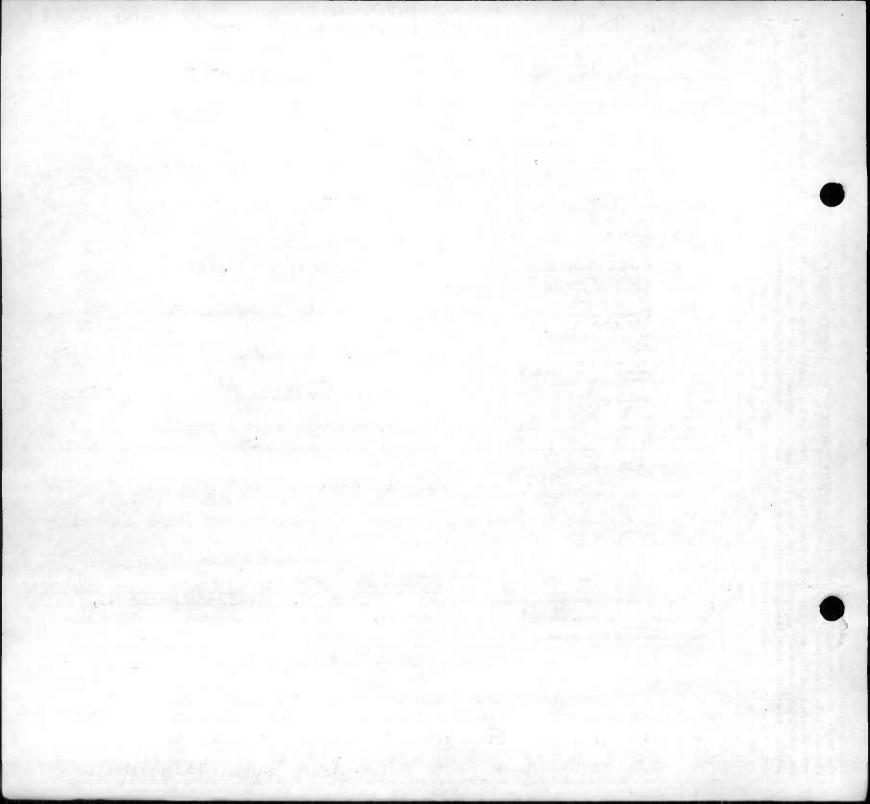
	0.700		BALTIMORE CIT	Y HEALTH DEPARTMENT		65	0533
BIRTH NO. 65 M.E. CASE NO.	0533		CERTIFICA	ATE OF DEATH	Registered No		0000
NAME OF DEC	EASED V.	7		2. DATE A	AND HOUR OF DEAT	Н	
Type of Tillin	Myrtle Emke	V		4. USUAL RESIDENCE (WI	1-17-65		4:10
PLACE OF DEA	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WHA, STATE B. COU	nere deceased lived. If	institution: residence	ce before odmis
FULL NAME O	F (If not in hospital oddress or location		, give street	Maryland c. city of town (if o	outside city limits, view	261	) 6
INSTITUTION			Hospitals	Baltimore	ordinate city minta, war	. RORAS ONG GIVE	iownamp)
	4940 East			D. STREET ADDRESS	If rural, give location)		
	Baltimore	, Mary	rland 21224	3717 East Lo	ombard Stree	t	
SEX	6. RACE		D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. Months; Doys	If Under 24 Hours Mi
Female	White		lidowed	3-24-94	70		
	UPATION (Give kind of work working life, even if retired)		OF BUSINESS OR INDUSTR		reign country)	12. CITIZEN O	
-lausi		Hor	ME	Maryland		US	
3. FATHER'S NAM				14. MOTHER'S MAIDEN N.	AME		
SAN	NUEL WILSO	N. N.		ELIZABETH	SCHAEF	EC 0	
5. Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	SCHARE	ADD	RESS
res, no or unknown	(If yes, give wor or dote	s of service)	SECURITY NO.				
No				RECORDS: BCH	4940 Eastern		
1B. 42	10,141 260	2 X	CAUSE	OF DEATH			VAL BETWEEN T AND DEATH
DISEAS	SE OR CONDITION DIR LEADING TO DEATH	RECTLY		24 2 = 0		_	
(This does n	not mean the mode of	dvina e.a	(A) MV	ocardial Infarc	tion	5	minutes
heort foilure.	osthenio, etc. It meons	the diseos					
	nplication which coused	deom.)	(B) Co:	ronary Thrombos:	is	5	minutes
	ANTECEDENT CAUSES		DUE TO		*7		
	OR CONDITIONS, if e obove couse (A)		g (C) Are	teriosclerotic (	ardiovascul	ar	
	G CONDITION lost.	oronnig in	(0)		Disease		100002000000000000000000000000000000000
	ll l				<u>Danocapo</u>		
	FICANT CONDITIONS C						
DISEASE OR	CONDITION CAUSING	т.	D18	abetes			
19A-DATE OF	OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WER	E FINDINGS CON	SIDERED
				No			
OR CONTRIBU	NT WAS UNDERLYING DITING CAUSE OF	ho	ome, form, foctory, street,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If rn Bollim	ore City, give exoc	of locohon!
DEATH (notify	medical examiner	ef	(c.)				
OF INJURY	(Month) (Doy) (Year)	(Hous) 21	E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		331 m
(APPROX)			Vhile At At Work	ile 🗌			
22 1	AL-A (1) (ALI- L-A-IA-I			January 16,	10.65	Tonnony 17	1 10 61
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				7. 19.65 and		pinian death ac	curred an the
		red abave.	(I) (We) (did) (did nat)	view the bady after death			
23A. SIGNATU	JRE A A	1			S. //	23B. DATE SIG	
	1. 1. 6	sah	M.D. Af	tending Med. ys. Director	Stoff Phy s.	1-17-6	5
23C. PHYSICIA NAME (T	[a.a]	11411		23D. ADDRESS		1 to 1 to 1 to 1	
	Ro	obert C	Cooke M.D	. 4940 Eastern	Avenue 2122	24	
24A. BURIAL CRE	MATION, 248. DATE	24C.1	NAME of CEMETERY of CI	REMATORY 24D.	LOCATION	City, town, or cour	nty) (Stot
REMOVAL	1 0 . 1	64 E	SARDENS OF	FAITH CENA 3	BALTO. , )	d h	
SOURI		TORR NAME	ALLINGERS OF				DDRESS
DATE REC D	JAN 1 8 1965	(P. Due	OF REGISTRAN DEW MAR	25C. FUNERAL DIRECTO	hn 122	1 1 1	TR me
	01111 70 1000	AM AM		CHONTIA: W	11.000 000	TARKED !-	IM KI.

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3C.PHYSICIAN'S	1.	

MARDENS OF BURIAL 1-20-25A. DATE REC'D BY HEALTH DEPT 1965

FUNERAL DIRECTOR

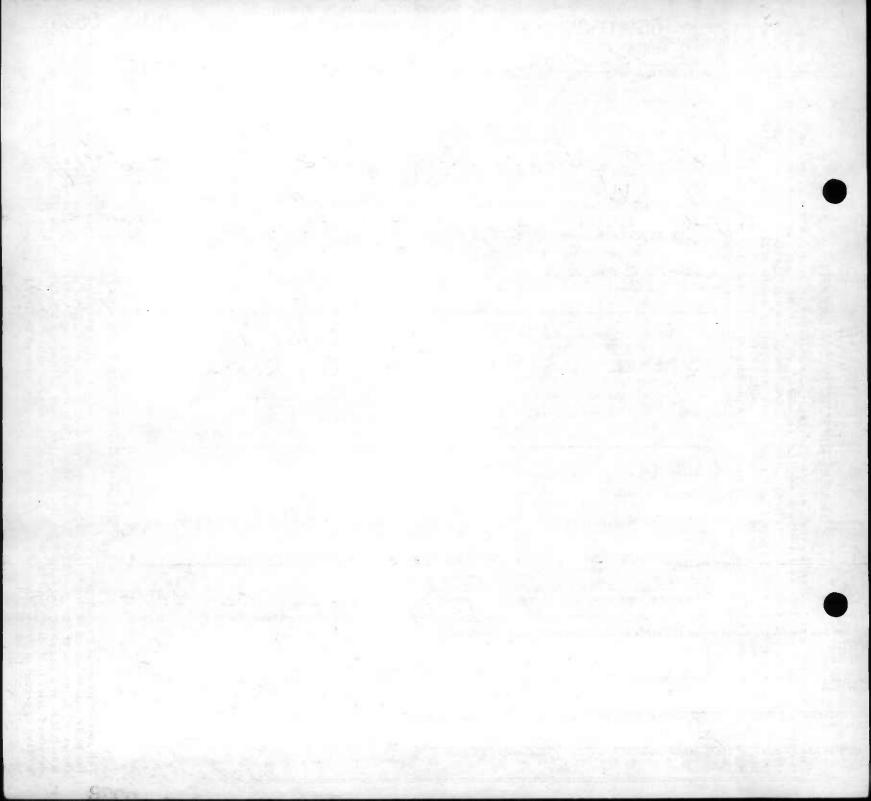
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OF OA	BALTIMORE CITY	Y HEALTH DEPARTMENT		( ) - O
ылтн но. 65 0534	CERTIFICA	TE OF DEATH	Registered No.	65 0534
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
(Type or Print) Lillian Gr	thermuth GUTERN	IUTH Janua	ry 14, 1965	8:00 A.M
3. PLACE OF DEATH IN BALTIMORE MARYLAND	3 05 65	4. USUAL RESIDENCE (Wh		stitution: residence before admission)
III not in hospital or instituti	on, give street	Maryland	Baltimore	
HOSPITAL OR oddress or location)				RURAL ond give township)
paremore orey nos		Rural		53-00
4940 Eastern Avenu			rurol, give location)	
Baltimore, Marylar	IU RIKRA	201 S. Taylor	Avenue 2122	1
	TED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
77 79 1007 4 4	_dowed	4-16-1905	59	
OA. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Housewi fo	Maryland		U.S.A.
3. FATHERS NAME	Housewife	14. MOTHER'S MAIDEN NA	ME	
110.77				
William Bodenby 5. Wos Deceosed Ever in U. S. Armed Forces?	rg	17. INFORMANT	Mary Maier	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of servi				
No	None	RECORDS: BCH:	4940 Easter	n Avenue #21224
18. 4	CAUSE	OF DEATH	TOTAL ST	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH  (This does not mean the mode of dying,	(A) Rhe	umatic Heart Di	sease	46 Years
hearl foilure, ashenia, etc. It means the dise				
injury or complication which caused death,)	(B)			
ANTECEDENT CAUSES	DUE TO	************************		
DISEASES OR CONDITIONS, if ony, giverise to the obove couse (A) stoling				
UNDERLYING CONDITION lost.	(0)		*** *** 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	D	habla Massaradia	7 T. C	Comme
OTHER SIGNIFICANT CONDITIONS CONTRIBU	11140	bable Myocardia		
DISEASE OR CONDITION CAUSING IT.	Rul	e out Pulmonary		Hours
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	USES OF DEATH?
ac 2	101 P 21 4 CS OS 40111179/		/// D 45	Yes
U 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	office bldg., INJURY OCCUR?	(If in Baltimore	e City, give exact locotion)
O	21E. INJURY OCCURRED	21 F. HOW DID IN	IIIBY OCCUP?	
OF INJURY	While At Not Whi		JUKI OCCUR:	
(APPROX.)	Work At Work			
22. I certify that (I) (this haspital) attended	ed the deceased from Jan	uary L,	19 65 to Janu	ary 14, 1965
that (I) (we) lost saw the deceased alive	Tomasoner 1/	65	hot in (my) (our) api	nion death occurred on the date
and hour and from the couses stated above	e. (1) (We) (did) (did nat)	view the body ofter deoth		
23A. SIGNATURE				23B. DATE SIGNED
14 Caltris	M.D. Att	tending Med.	Stoff Phys.	January 14, 1965
23C. PHYSICIAN'S	rn)	23D. ADDRESS	rnys, KLat	bandary 14, 1707
NAME (Type)	h la la surra		Arrania #2122	
Howard K. Rat		4740 1000111		
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 240	C. NAME of CEMETERY OF CR	REMATORY 24D.	LOCATION (Ci	ity, town, or county) (Stote)
Burial 1-18-1965 M	loreland Memoria	1 Cemetery Ba	ltimore Co.	q.
	ME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS, 84
JAN 18 1300 (1200)	It E. Jankey M.A	Zagsahi Z	uneral Hon	= 7401 Relase Ros
V\$ 150-REV. 1/1/65				

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and shows: (1) An accident of any nature; (2) Body burns: (3) A first of the direct or contribution. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CI	TY HEALTH DEPARTMENT
BIRTH NO. 65 0535 CERTIFIC	ATE OF DEATH Registered No. 65 0535
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAN RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STAY.  B. COUNTY
FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR address or lacotion)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	D. STREET ADDRESS (If turol, give location)
1006 Wildwood & Kuy.	1006 Wildwood thewy
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED Aspecify)	BOATE OF BIRTH  9. AGE (In years lif Under 1 Yr. If Upder 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT, COUNTRY?
Shoemaker shoe repaired	Hornout W. K. a
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1 combana	les be made
15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. THEORMANT ADDRESS ROLL 20
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dates af service)  16. SOCIAL SECURITY NO.	1 Mario 199
2/6-32 742	6 Boyer Theen 1006 Heldwood Proy
T RKII	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	en pelerition Cardio
(This does not mean the mode of dying, e.g., DUE TO)	
heart foilure, osthenia, etc. II means the diseose, injury or complication which caused deoth.)	wallen deserge
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, if ony, giving	
rise to the obove couse (A) sloting the (C)	
UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.d.	., in ar about 21 C. WHERE DID (If in Baltimore City, give exact lacation)
OR CONTRIBUTING CAUSE OF hame, form, foctory, street, etc.!	office bldg., INJURY OCCUR?
21D. TIME (Manth) (Dayl (Year) (Hourl 21E INJURY OCCURRED OF INJURY While At Not W	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Warls At Wa	
22. 1 certify that (1) (this hospital) attended the deceased from	1932 to 113 1965.
that (I) (we) lost sow the deceased alive on Alia (3)	ond that in (my) (byt) apinion death occurred an the date
and hour one from the causes stoted chave (1) (We) (did) (did not	) view the body ofter death.
	hys, Director Phys. Director Phys.
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
LDUIS 1. LAVY M.	107100110000000000000000000000000000000
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION (City, town, or county) (State)
Berial 1-16-1965 Woodlan	un Broth Mil.
25A. DATE REC'D BY HEALTH DEPT.   258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JAN 18 1965 Robert E. tarken M.A.	Jang / Sugar 8728 htertroll mid
VS 150-REV, 1/1/65	The state of the s



	05 0500		BALTIMORE CITY	HEALTH DEPARTMENT		0~
	H NO. 65 0536		CERTIFICA	TE OF DEATH	Registered Na.	65 0536
1. N	AME OF DECEASED		2 - 4		NO HOUR OF DEATH	
тур	Mrs. Flor	porce	S. Mahan	1012	OPM YO	M 12 1865
3. F	LACE OF DEATH IN BALTIMORE, MA	RYLAND	1 - 1 - 1 - 1 - 1	14 030VF KESIDELLOF LILLIO	re deceased lived If in	stitutian: residence before odmissi
				A. STATE B. COUN	A III	103
F	TULL NAME OF (If not in hospital OSPITAL OR oddress or location	or institution)	on, give street	MO		9
	NSTITUTION				tside city limits, write R	URAL ond give township)
	110 600	0	1.0100	Baltimore		
	Mary kand Ger	noral	Mospine	D. STREET ADDRESS	rurol, give location)	
	/		V	211 N Ch.	ester st	
5. S	EX 6. RACE	7. MARR	ED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeors	If Under 1 Yr. If Under 24 H Months Doys Hours Min
	7 (1)	MIDO	WED DIVORCED (specify)	3-7-717	lost birthdoyl	Months Doys Hours Min
(AA	USUAL OCCUPATION (Give kind of wor	LIOR KIND	OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF
	e during most of working life, even if retired)	A REIVE	OF BOSHIESS OR HIDOSIKI	TI. BIKINI CACE (Store of Tore	ign coonly//	WHAT COUNTRY?
		1	lane	GerMan	400	U.S.
13.	FATHER'S NAME		0.70	14. MOTHER'S MAIDEN NA	ME	
	C. T. L		100	2 . /	A 1	1
	Simon tink		( Vec )	Darbara	- Amhre	m
Yes	Was Deceased Ever in U. S. Armed Fo., no or unknown) (If yes, give war or date	rces? es of servic	e) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			216-03-4126	AGNES MAL	1121 711 N	CHESTERSI
	18. 2 2 / V		CAUSE C		1874 - 11 11	
	00//		CAUSE	PEATH	0	ONSET AND DEATH
	DISEASE OR CONDITION DI	RECTLY		1 6 0 1	)	01.
	LEADING TO DEATH		(A)	erepril to	Umorrh	B 12-27-65 47 1-1
	(This does not mean the made of heart failure, asthenia, etc. It means				1	
	injuly at camplication which caused				,	
	ANTECEDENT CAUSES		(B)			
			DUE TO			
	DISEASES OR CONDITIONS, if ise to the above cause (A)					
	UNDERLYING CONDITION last.	3				
	11					
Z	OTHER SIGNIFICANT CONDITIONS	ONTRIBU	ING			
ATIO	TO THE DEATH BUT NOT RELA	ATED TO	THE			
CA	19A. DATE OF OPERATION 19B. CON		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES. WERE E	INDINGS CONSIDERED
ERTIFIC	WAS PER			No.	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	7	21 P DI A CE OF THUMBY		11/1 6 11	Cit
	OR CONTRIBUTING CAUSE OF	_	21B. PLACE OF INJURY (e.g., i home, farm, foctory, street, a	ffice bldg., INJURY OCCUR?	lit in Boltimore	City, give exact location)
CAL	DEATH (notify medical examiner)		etc.)			
0	21 D. TIME (Month) (Doy) (Year)	(Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	HRY OCCHR?	
	OF INJURY		While At Not Whi		OKI GCCOK.	
	(APPROX.)		Work At Work		^	
	22. I certify that (1) this haspita	1) attende	d the deserred from	agni let	10 /T . Cha	12 10 /
						n. 12. 19 6
	that (1) we) last saw the decease	ed alive a	n yam 12	19 6 5 and th	ot in (my) (our oplr	ion death accurred an the
	and hour and from the causes sta	ted above	(I) (Walldid (did not)	lew the bady after death.		
	23A. SIGNATURE					23B DATE SIGNED
	11- 1/2	11.	M.D. Att	ending Med.	Stoff	1
	John Mg	vu	Phy	s. Director	Phys.	Man 12 176
	23C. PHYSICIANS NAME (Wype)			23D. ADDRESS	1	
	11 / Your	1 Cit	MATIA M.D.	Mary	land Ca	n Hospiral
244	BURIAL PREMATION 1248 DATE	771	NAME of CEMETERY OF CR	FAAATORY 124D	OCATION (Cit	y, tawn, or county) (State
	BURIAL OREMATION, 248, DATE REMOVAL (Specify)	1	111.0-	240,1	OCATION (Cit	y, tawn, or county) (State
1.	3URIAL 1-16-	65/	toLI ICEDEE	MER S	ALIMORE	111
25A	DATE REC'D BY HEALTH DEPT.	JOSE NIAM		25C. FUNERAL DIRECTOR		
	DATE REC D BI HEALTH DEFT.	258. NAN	TE OF REGISTRAR	230, TOHERAL DIRECTOR		ADDRESS
	JAN 1 8 1965	A C	Be & Standard			
	JAN 18 1965	Rober	BE. FarberMA		eber & Son Chester	s Inc

		BALTIMORE CI	TY HEALTH DEPARTMENT		
BIRTH NO.	65 0537	CERTIFIC	ATE OF DEATH	Registered No	65 0537
NAME OF DE	CEASED		2. DATE A	ND HOUR OF DEATH	
(Type or Print)	HENZE.	CARROLL EDWIN	1-	15-65	1 3.45 A M
. PLACE OF DE	ATH IN BALTIMORE, M		4. USUAL RESIDENCE (Wh	ere deceosed lived. If insti	tution: residence before admission)
F1111 111111	0.5		MARY LAND	N I I	2804
FULL NAME		I or institution, give street on)	C. CITY OR TOWN (If or	utside city limits, write RU	RAL and give township)
INSTITUTION			BALTIMORE	21229	
1/1	ST. AGNES	HOSPITAL	D. STREET ADDRESS (1)	rurol, give location)	
70			510 WESTGAT	E ROAD	
S EX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
MALE	WHITE	MARRIED (specify)	12-5-99	65	
	CUPATION (Give kind of working life, even if retired)	ork 108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
	. MECHANIC	a. No. anderson	MARYLAND		4.5
3. FATHER'S NA			14. MOTHER'S MAIDEN NA	ME	,
	LIAM HENZE			N BODE	
Yes, no grunknow	d Ever in U. S. Armed F.	orces? les of service) 215 CU48 28	ST. AGNES RE	attie M. Henze CORDSCATO	-510^DDREWestgate
1B. Care	0./1	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION D				
(This does	nol meen the mode of	1 4		USION WITH	IMMEDIATE
heort foilure	, oslhenio, elc. Il meon	is the diseose,	INFARCTION		YEARS
injury or ca	mplication which cause		ASCVA		
DISTASES	ANTECEDENT CAUSE	DUE TO			
	OR CONDITIONS, if				
UNDERLYIN	IG CONDITION lost.	-			
E TO THE	II  NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING	LATED TO THE			
	F OPERATION 198. CO	NDITION FOR WHICH OPERATION REFORMED	20A. AUTOPSY? (Yes or N	(0) 208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF (y medicol exominer)	218. PLACE OF INJURY (e.g home, form, foctory, street, etc.)	office bldg.,	(If in Boltimore C	City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor	(Hour) 21 E. INJURY OCCURRED  While At At Work  At Wo		JURY OCCUR?	
22	v that (1) (this hassis			10 CF += 1A	NIIADV 15 10 CF
		al) attended the deceased fram			
					an again accorded on the go.
23A. SIGNAT		ated abave. (1) (We) (did) (did not	y view the body offer death.		38, DATE SIGNED
Jan. Slotter		Wall M.D. A	Attending Med.		11,-11
XX	chard of	ally	hys. Director	Staff Phys.	1/15/65
NAME (	Type)		23D. ADDRESS		
		KELLY/ M.	D.		
REMOVAL	EMATION, 248. DATE	24C. NAME of CEMETERY or	CREMATORY 24D.	LOCATION (City,	town, or county) (State)
Ruri a 1	1_19_6	5 Toudon Park		Roltimore Ma	ryland

25B. NAME OF REGISTRAR

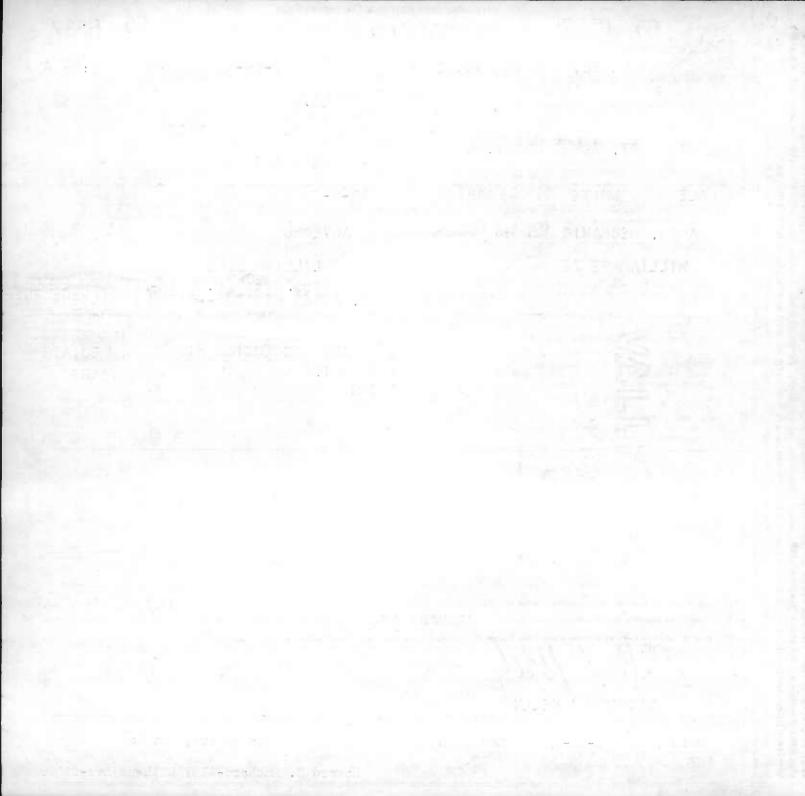
25C. FUNERAL DIRECTOR

Howard H. Hubbard-4107 Wilkens Ave-21229

ADDRESS

VS 150-REV. 1/1/65

25A. DATE REC'D BY HEALTH DEPT.

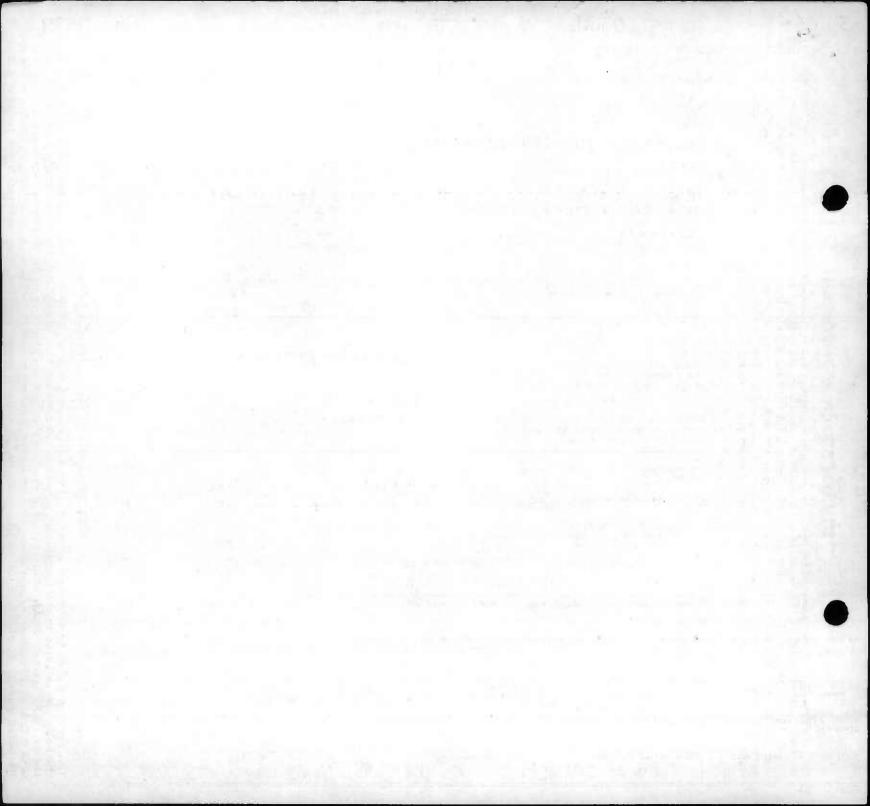


Bil	RTH NO. 65	$0538_{MEDI}$		AMINER'S CI		OF DEATH Regis	tered N&5 053	8
-	.E. CASE NO.	9335						
(†	NAME OF DEC				2. D	ATE AND HOUR PRONOUN		
3.	DENNIS C. DEATH  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESIDENCE	В. СС	nshtution: residence befare odmi	) M. ssion)
HH	OSPITAL OR STITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUTION)	ITION, GIVE STREET	C. CITY OR TOWN		rite RURAL and give township)	7
		C1 II				(If rural, give location)		ß.
-		Sinai Hospita		ALEXCED AN ARRISED	B. DATE OF BIRTH	Chalgrove Aver		4 11
	male	white	WIDO WED, I	NEVER MARRIED DIVORCED (specify) Married	July 11, 192			Min.
do	ne during most of w	orking life, even if relired)		pyard	Wales		V.S.A.	ħ,
13.	FAIRERS NAM		D Door	43.				
15	WAS DECEASED	Morgan EVER IN U.S. ARMED	R. Dea	In SOCIAL	17. INFORMANT	ty Radcliff	ADDRESS	
(Ye	Yes	(If yes, give war ar dates W # 2	s of service)	189-09-0288	Mrs. Betty	Death, 5109 C	halgrove Ave.	
ERTIFICATION	(This does not heart failure, injury or com  AI  DISEASES C RISE TO THE  UN DERLYIN	E OR CONDITION DIR LEADING TO DEATH of meon the mode of asthenio, etc. If meons application which caused of NTECENDENT CAUSE: OR CONDITIONS, IF AI G CONDITION LAST.  II IIIFICANT CONDITIONS CEATH BUT NOT REL CONDITION CAUSING	dying e.g., the disease, leath.)  S NY, GIVING ATING THE  CONTRIBUTIN ATED TO T	(B) DUE TO (C)	cirrhosis o	f the liver		
LE ST	19A. DATE OF	OPERATION 198, CONT		WHICH OPERATION	Yes Yes	OT NO. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
FDICAL	21 A. EXTERNAL UNDERLYING UTING CAUS	OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., farm, factory, street, c	in ar obaut 21C. WHER office bldg., INJURY OC	E DID (If in Boltimore City, CUR?	give exact location)	
2	21D TIME OF INJURY (APPROX.)	(Manth) (Doy) (Year)	V	VHILE AT NOT YORK AT W	WHILE	DID INJURY OCCUR?		Ţ
	22.	ify that I held an In	quiry 🗌	Inspection Aut	apsy 30 and the	it an this basis, death In	n my apinlan	
	result	ed fram: Natural cau	ses A	ccident Suicid		Undetermined man		
	ACTUAL	13	5147			CAL EXAMINER	DATE SIGNE	ED
	SIGNATU	100	70-10	m.o.		CAL EXAMINER X	1-17-	65
22	NAME (T		Breite	necker	CREALATORY	23D. LOCATION (Ci	the town or country (Co.	10)
RE	MOVAL (Specify) Burial	1/20/6	5	Meadowridge		Elkridge, How		
24	A. DATE REC'D	JAN 18 1965	24B, NAME	OF REGISTRAR	24C. EUNERAL D	IRECTOR	ADDRESS	

VS 151-REV. 1/1/65

and the state of t THE RESERVE OF THE PARTY OF THE You work and the second of the 1 20 Age of the state of the st

0=00		BALTIMORE CITY	HEALTH DEPARTMENT		63 Am
BIRTH NO. 65 0539 M.E. CASE NO.		CERTIFICA	TE OF DEATH	Registered Na.	65 0539
I. NAME OF DECEASED			2. DATE AN	D HOUR OF DEATH	
Type or Print) Hyman SH	ILOVI-	TZ.KV	1-15	-65	3,25 arm
PLACE OF DEATH IN BALTIMORE MAR	YLAND	12-11			stitution: residence before admission)
			A. STATE B. COUN		
FULL NAME OF (If not in hospital of	or institution, o	nive street	Book Md	2	1-11
HOSPITAL OR oddress or location		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give township)
			BAITIMODE		
LEVINDALE HEBR	EW HO	ME + INEIR.	D STREET ADDRESS (III	rurol, give location)	
		, autuc			DE IN CHEVINDALE NO
MARY			BELVEDERE a	GREENS	PRING(LEVINDALE HOLD
1 1		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MAG White	WIDOWED	), DIVORCED (specify)	-,-,1869	lost birthdoyl	Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work	IOR KIND OF	WIDOWED			12. CITIZEN OF
one during most of working life, even if retired)	TOB. KIND OF	BOSINESS OK INDOSIKI		O : 1	WHAT COUNTRY?
CARPENTER		-	EUROPE (	USS1A	USA
FATHER'S NAME			14. MOTHER'S MAIDEN NA		
UNKNOWI	ν		UNKNO		
. Was Deceased Ever in U. S. Armed Force	es?	1 6. SOCIAL	17. INFORMANT	120 .1	( C ADDRESS . )
es, no or unknown) (If yes, give wor or dotes	of service)	SECURITY NO.	1000 100 11	Decreate	at Treerspring)
DO		NO	Levindale Nur	ising frame	at Greenspring) & Infirmary
18. 5 2 2 1		CAUSE O	F DEATH	0	IMIEKA WE BELAKEEM
DISEASE OR CONDITION DIR	ECTLY				ONSET AND DEATH
LEADING TO DEATH	-0.0.	12	and along proper	1	1 1 1
(This does not mean the mode of	dvina, e.a	DUE TO	roucho puen	uo ua_	4 cays
heart lailure, asthenia, etc. It means	the diseose.				0
injury or complication which coused	death.)	0 0	0		Years
ANTECEDENT CAUSES		(B) LULU	ucusny emply	yseug T	1 say
DISEASES OR CONDITIONS, if	ny giving	FI	wary Emplo	O .	
rise to the above couse (A)		(C)	V103132		
UNDERLYING CONDITION lost.		***************************************			
11					
	ONTRIBUTING	3			
TO THE DEATH BUT NOT RELA	TED TO THE	Courantin	sed Arteriosel	212000	
19A. DATE OF OPERATION 198. CONT WAS PERF	ORMED	VHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
			Yes		
21A. ACCIDENT WAS UNDERLYING	21B,	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hom etc.)		ffice bldg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		le At Not Whil			
(ATTROX)	Wor	k			
22. I certify that (1) (this hospital)	ottended th	ne deceased from	10 - 2 -	19 3.9 to	1-15 1964.
that (1) (we) last sow the deceased		4			
That (i) (we) to st sow the deceased	011 VO 011	· · · · · · · · · · · · · · · · · · ·	ond in	at in (my) (dur) opii	nion deoth occurred on the date
and hour and from the couses state	ed obove. (I	) (We) (did) (did not) v	lew the body after death.		
23A. SIGNATURE	1				23B. DATE SIGNED
fore Ar	daiz	M.D. Atte	ending Med. Director	Stoff Phys.	1-15-65
		Phy		Phys.	, 6 3
23C.PHYSICIAN'S NAME (Type)			23D. ADDRESS		1.
lose ARDAIZ		M.D.	2015 W. Bogs	ers Ave . Ba	etimore 9, Md.
AA. BURIAL CREMATION, 248, DATE	240 NA				
REMOVAL (Specify)	24C.NA	ME of CEMETERY OF CRI	24D. L	OCATION (Ci	ty, town, or county) (State)
Kupin 1/18/1/2	5   BO	th JACOB	(VECAIR)	Balliman	· MARCHI MIN
SA. DATE REC'D BY HEALTH DEPT	25B. NAME O	F REGISTRAD	25C. FUNERAL DIRECTOR	OMITTIONE	ADDRESS
JAN 18 1965 A	D. A- S	to Comment.	1 / PORTECTOR	and -	1000 P. 1 DI
01111 20 1000 (1	prient c	- A Children will	DOL LEVIN SONY	DROS INC.	6010 Reisterstown Ka
\$ 150-REV. 1/1/65					



	BALTIMORE CITY	HEALTH DEPARTMENT		DE DEAD
BIRTH NO. 65 0540	CERTIFICA	TE OF DEATH	X Registered Na.	65 0540
I.NAME OF DECEASED DAWSON		2. DATE	AND HOUR OF DEATH	
(Type or Print) MAMICAELMO	218 P		1/13/65	19,45P.N
3. PLACE OF DEATH IN BALTIMORE MARYLAND		4. USUAL RESIDENCE (WA. STATE B. COI		nstitution: residence before odmission)
FULL NAME OF (If not in hospital or institutio	n, give street	Virginia		
HOSPITAL OR oddress or location)	1-21-65			RURAL and give township)
ERTIFICATE CORRECTED	CACCO	Kilmarno		1 - 90
		D. STREET ADDRESS		. HILMSONSSE
South Balto. Gen. Hosp.		Rt. 1, Kilma		uka //
	ED, NEVER MARRIED VED, DIVORCED (specify)	6/13/1885	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND			preign country)	12, CITIZEN OF
done during most of working lile, even if retired) Housewife		Virginia		WHAT COUNTRY?
13. FATHERS NAME		14. MOTHERS MAIDEN N	IAME	
Steptor Dawson		Marie Davis	- Anna Tyler	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of service)	1 6. SOCIAL	17. INFORMANT		ADDRESS
tres, no or unknown, till yes, give wor or doles of service	SECURITY NO.	Mrs. Louis Wh	ittakon	
110	CAUSE O		rcaker	INTERVAL BETWEEN
18. 42011	CAUSE O	r DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	02	1001	0.000 7	70
(This does not mean the mode at dying, e.	q., DUE TO	real of	BALLAK	
heart failure, asthenio, etc. 11 means the diseast injury or complication which caused death.)	se, ///	20 Conde	al isc	knea
ANTECEDENT CAUSES	(B)	wite An	mende	Colon Colon
	DUETO	7 /01	0 7	
DISEASES OR CONDITIONS, if ony, givi		well cho.	Locasee	
UNDERLYING CONDITION lost.		Cholale	Marie	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20 A. AUTOPSY? Yes or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
198. CONDITION FO WAS PERFORMED		Yes	III CERITING CA	OSES OF BEATH:
U 21A. ACCIDENT WAS UNDERLYING CAUSE OF	21B. PLACE OF INJURY (e.g., in nome, form, foctory, street, or etc.)			e City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 2	TE INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
	While At Not Whil	e [*]		
	Work At Work		12	1 1
22. I certify that XXX (this hospital) attended	d the deceased fram	1 an . 12	19 05 19	an. 13 1903
that (X) (we) last saw the deceased alive a	Ton, 15	19 25 and	that in (NOV) (aur) api	inian death accurred an the dat
and haur and from the causes stated above.	(I) (We) (did) (did nat) v	iew the bady after deat	h.	
23A. SIGNATURE				23B. DATE SIGNED
100	M.D. Atte	ending Med. Director	Stoff Phy s.	1/12/62
23C. PHYSICIAN'S		23 D. ADDRESS	111/ 3.7	1111100
NAME (Type)				3030 11
CHUNG K. BAE,		South Balto.		1213 Light St.
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CRI	MATORY 24D.	LOCATION	ity, town, or county) (Stote)
BURIAL	E LANON BADTO	st hurch A	1-topse= !	IRGINIA
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	E OF REGISTRAR	JOSEPHUNDRAL MARGE	enell & Sor	ns. Incapo Balto.
JAN 18 1955 (7) 0 6	E Starley M.A	Emony Wh	Eyny 1. K	il MARNOCK VA -
VS 150-REV. 1/1/65		10	1	1

Adams, M.D.

24B, NAME OF REGISTRAR

23C. NAME OF CEMETERY OF CREMATORY

John E.

23B. DATE

CHIEF MEDICAL EXAMINER

23D. LOCATION

Miller Inc.

ASSISTANT MEDICAL EXAMINER X

ASSOCIATE MEDICAL EXAMINER

24C. FUNERAL DIRECTOR

DATE SIGNED

Jan. 16, 1965

Delair Rd

(City, town, or county)

Svendborg-Denmark

ACTUAL

23A. BURIAL CREMATION,

REMOVAL (Specify)

VS 151-REV. 1/1/65

Burial

SIGNATURE. EXAMINER'S

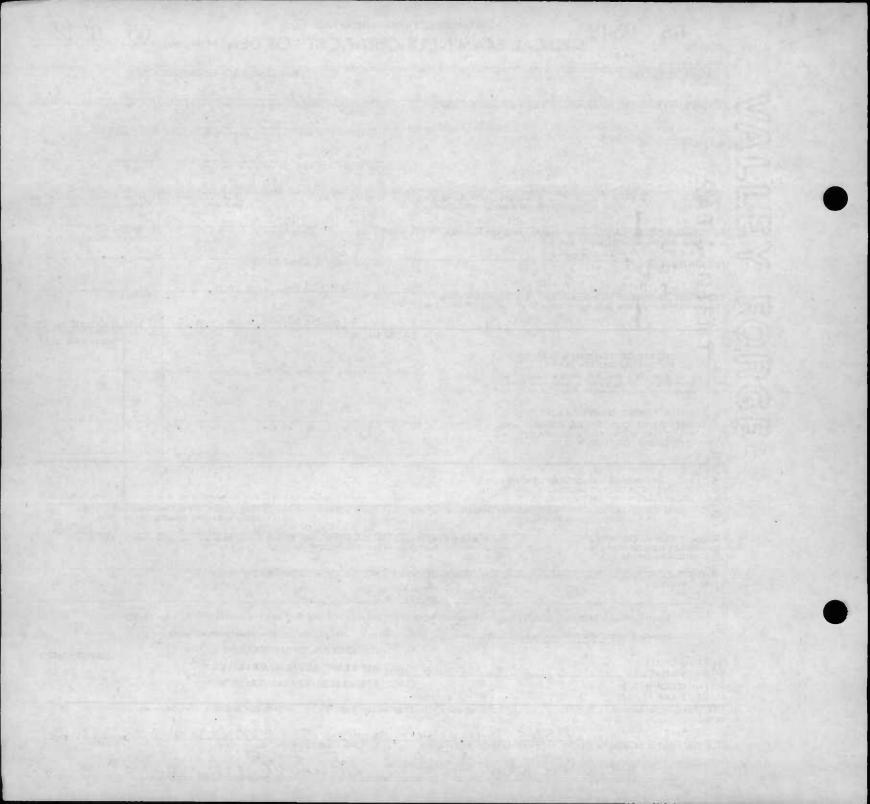
NAME (Type)

24A, DATE REC'D BY HEALTH DEPT.

The second second second H. 620

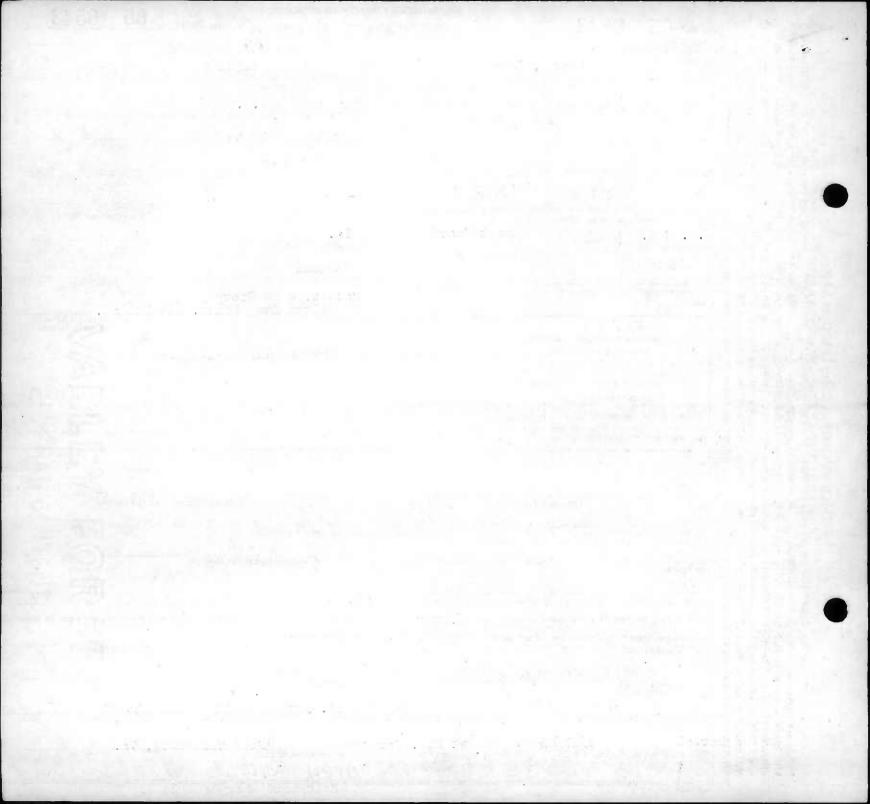
VS 151-REV. 1/1/65

65 0542 BALTIMORE CITY HEA	LITH DEPARTMENT CERTIFICATE OF DEATH Registered 65 0542
M.E. CASE NO. 5 93/3	LKIII ICAIL OI DLAIII Negisieles No.
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
HERBERT E. H.	ARRIS January 13, 1965 8:15 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore / 3 /
Union Memorial Hospital	D. STREET ADDRESS (If rurol, give location)
	3829 Hickory Avenue
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	8. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months   Doys   Hours   Min.
Male White Single	Jan 1.1887 78
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	IY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired Carpenter	Maryland U.S.
13. FATHER'S NAME	
George W. Harris.	Caroline Hoover. 17. INFORMANT ADDRESS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown),(If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
no no	Elizabeth H. Baker, 3829 Hickory Ave
18. 4 9 9 1 CAUS	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ORSEL AND SEALIN
LEADING TO DEATH  (This does not mean the mode of dying and (A) Arter	riosclerotic Cardiovascular Disease.
(This does not mean the mode of dying e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION	
19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT ( NOT	WHILE
22	stapsy and that an this basis, death in my aplnlan
resulted from: Natural causes X Accident Suicio	
Accident 4	CHIEF MEDICAL EXAMINER
ACTUAL (C)	DATE SIGNED
	ASSISTANT MEDICAL EXAMINER X 1/14/65
EXAMINER'S NAME (Type) Charles S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER
23A. BURIAL CREMATION, 238. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)  Burial 1/16/65 S+ Marria	Homedon 2000 Poland Ava Bolto Md
24A. DATE REC'D BY HEALTH DEPT. 24K NAME OF REGISTRAR	Hampden 3900 Roland Ave Balto, Md 24C. FUNERAL PIRECTOR ADDRESS
JAN 18 1965 Robert E. Farley M.	Quoting & moran 3818 Rolland



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

			BALTIMORE CITY	HEALTH DEPARTMENT		C5 0542
BIRTH NO. 6	5 0543		CERTIFICA	TE OF DEATH	Registered No.	65 0543
1. NAME OF DE	CEA SED			2. DATE	AND HOUR OF DEATH	1
(Type at Print)	McGror	y, John			1-14-65	2:49a M.
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WA. STATE B. COL	here deceased lived. If i	institution: residence before admission)
FULL NAME HOSPITAL OF INSTITUTION			ive street	Maryland c. City or town	A.A. outside city timits, write	RURAL and give tawnship)
uto s	ST AGNES HOSPI	ral		Linthicum He		32-00
10	EMERGENCY R	MOC		36 Milton A	venue	
5. sex Male	6.RACE White	WIDQWED	NEVER MARRIED DIVORCED (specify) TIED	8. DATE OF BIRTH 9-15-29	9. AGE (tn years tast birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
U.S. Go		Coas	t Guard	Pa.		USA
13. FATHER'S NA	AME			14. MOTHER'S MAIDEN N	IAME	
Unkn	own			Unknown		
15. Was Decease (Yes, na ar unknav No	od Ever in U. S. Armed Far vn) (If yes, give war ar date	ces? s af service)	SECURITY NO.	Katherine M	C Grory ve Linth. H	ADDRESS
18. //	20 11		CAUSE C	OF DEATH	ve Linch, H	INTERVAL BETWEEN
DISEASES rise Io UNDERLYIN	LEADING TO DEATH not mean the mode of a, osthenio, etc. It means puplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the obove cause (A) NG CONDITION last.	the disease, deoth.) any, giving staling the	(B) DUE TO	sine Mysocard		
TO THE	NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I OF OPERATION 198. CON	TED TO THE		20A. AUTOPSY? (Yes or	Na) 20B. IF YES. WERE	FINDINGS CONSIDERED
HI 10	WAS PERI				IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DEUTING CAUSE OF	21 B. hame etc.)	PLACE OF INJURY (e.g., e, farm, foctary, street, c	in ar obout 21C. WHERE DID iffice bldg., INJURY OCCUR?	(II in Baltimo	re City, give exact tocation)
O 21D. TIME	(Month) (Day) (Year)		INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
(APPROX.)  White At Not White At Wark						
that (I) (we	nd from the causes stat	d olive on	January 1/		that in (my) (our) op	January 14 19 65, inion death occurred on the date
23C. PHYSIC	IAN'S	uney	, , , , , ,	23D. ADDRESS	,	
NAME	(Type)	1	M.D.			
	REMATION, 248. DATE	they 24C. NA	ME of CEMETERY of CR	St. Agnes	Hospital (C	Balto 29 City, town, or county) (State)
REMOVAL Rurial		5 0				
Burial	D BY HEALTH DEPT.	5 St	inset Mem. Ga	DEC FUNEDAL DIRECT	Fredericksbu	urg, Va.
	JAN 18 1965		E Farbey M.D	21.21.2	fulbord 4	1107 WILKENS AUE
VS 150-REV. 1/1	/65			Baltimore	e Maryland	21229



G. 656

	65	0584		BALTIMORE CITY HEAL				65	0511
BIRTH	1 NO.	MED	DICAL EX	KAMINER'S CI	ERTIFICAT	TE OF DE	ATH Registe	ered No.	()-J44
	CASE NO.	39320				×			
1. N	AME OF DEC		(D 1 1 C)	an marana			OUR PRONOUNC		0.50
				GREINER, Sr.			14, 1965		8:52 A.
3. PL	ACE IN BALT	IMORE, MARYLAND, V	WHERE PRONOI	UNCED DEAD	4. USUAL RESID	ENCE (Where dec	eosed lived. If inst B. COL	titution: resid JNTY	ence before odmissio
	NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU	UTION, GIVE STREET	I	ryland	rporote limits, write		BALTO.
HOS	PITAL OR TUTION	ADDRESS OR LOC	(ATION)				rporote limits, with	e RURAL OF	d give township)
						ltimore			03-00
	St. Ag	nes Hospital				RESS (If rurol, giv			
		1/ 0.00	17.44.44117				ederick R		1 7 1/ 11 1 2/ 11
5. SE	X	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	н	9. AGE (In years lost birthday)	Months !	1 Yr. If Under 24 Hi Doys   Hours   Min.
	ale	White		ARRIED		3/05	60		
		JPATION (Give kind of wo working life, even if retired)		F BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign co	untryl	12. CITIZE	N OF T COUNTRY?
	CABINET		JOHNS	HOPKINS LAB.		GERMAN	Y		USA
3. F.	ATHER'S NAM	1 E			14. MOTHER'S M	AIDEN NAME	Desire Terror		
		UNKNOW	N		UNK	NOWN			
		D EVER IN U.S. ARME		16. SO CIAL	17. INFORMANT			ADDRESS	
res,	NO	(If yes, give wor or do	tes of service	213094654	ELIZAB	ETH GREIN	ER 2019	OLD FR	EDERICK RD
1	8. 11 1	0.01		CAUSE	OF DEATH				INTERVAL BETWEEN
	DISEA	SE OR CONDITION D	DIRECTLY						ONSET AND DEATH
		LEADING TO DEAT	Ή	Arteri	oscleroti	c Heart D	isease.		
	(This does the heart foilure.	not meon the mode of , osthenio, etc. It meon mplication which coused	of dying, e.g.,	DUE TO				***************************************	0 x + 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	injury or con	mplication which coused	d deoth.l						
	A	ANTECENDENT CAUS	SES						
	DISEASES	OR CONDITIONS, IF	ANY, GIVING	DUE TO					
		E ABOVE CAUSE (A) NG CONDITION LAST						17.3	
Z.		IN LESS TO		(C)					
FICATION		11							
0		NIFICANT CONDITION DEATH BUT NOT R							
쁜	DISEASE O	R CONDITION CAUSIN	IG IT.						
CERT	9A, DATE OF		REFORMED	WHICH OPERATION			CERTIFYING CAU		
	EVPENNIA	L CALLET WAS	1000		No				
OIL	JNDERLYING	CAUSE WAS OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street, o	office bldg., INJUR	Y OCCUR?	n Boltimore City, gi	ive exoct lo	cotion)
刪	- 3								
ic	OF INJURY	(Month) (Doy) (Ye		21E. INJURY OCCURRED		OW DID INJURY	OCCUR?		
	APPROX.)		m.	WHILE AT NOT	ORK				
	22.	ethe about 1 hald on				d Ab-A Abi- b	ante dende te e	n -	
			Inquiry			_	osis, death in r		
	resul	ted from: Natural c	ouses X	Accident Suicid			etermined monn	er _	
	ACTUA	()/	0 (	1/-		EDICAL EXAM			DATE SIGNED
	SIGNAT		ules 5	lelby . M.D.	ASSISTANT M			1	/14/65
	EXAMIN		s S. Pet	tty, M.D.	ASSOCIATE M	MEDICAL EXAM	MINER	1	114/05
23 A.	NAME (	. / ٢-/		C. NAME OF CEMETERY O	CREMATORY	23D. LOC	ATION (City	, town, or c	county) (Stote)
	OVAL (Specify	y) (y					VARD CO.,		
	BURIAL			MEANOMEADOWRI			12310 00.,		
24A.	DATE REC'D			OF REGISTRAR		AL DIRECTOR	(DD /107		DDRESS
		JAN 18 1965	Robert	5 E. FarberMA	HOWARI	H. HUBBA	4KD 410/	WILKE	NS AVE. 212
				7		1 1			

FUNERAL DIRECTOR: IMPORTANT	G.
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	death ceased on the form the f

65 0545	BALTIMORE CITY	HEALTH DEPARTMENT	65 0585
BIRTH NO.	CERTIFICA	TE OF DEATH Registered No.	00 0040
M.E. CASE NO.	OBINTITION I		
1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	0 0
HELEN S. GII	Tings	4. USUAL RESIDENCE (Where deceased lived. If in	9:10 PN
B. PLACE OF DEATH IN BALTIMORE, MARYLAN	0	4. USUAL RESIDENCE (Where deceased lived. If in	stitution: residence before admission
		A. STATE	15114
FULL NAME OF (If not in hospital or insti	tution, give street	Md. DAITIMORE	1001
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN ()f outside city limits, write I	RURAL ond give township)
		Baltimage.	
		D. STREET ADDRESS (If rurol, give location)	
1 - 1 11	10 M1	0 0	116
LUIDERAN MOSP.	0+ ///0.	2/30 WEST NORTH	
SEX 6. RACE 7. MA	ARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 His Months Doys Hours Min.
Female DEGro	NARRIED (specify)	3-26-14 50	TVIOLITIES DOYS TOOKS TVIIII.
DA USUAL OCCUPATION (Give kind of work 10 B. KI	INCOLUNION OF BUSINESS OF INDUSTRY	3 26 - 14 30	12. CITIZEN OF
one during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	WHAT COUNTRY?
Housewife		Ilet Wannelman	
		USA Virginia	VSA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Randolp	b Miller	Unknown	
			4.000000
5. Was Deceased Ever in U. S. Armed Forces? (es.no or unknown) (If yes, give wor or dotes of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		CHLOT	
No	212-24-8518	CHART	
18. 578 X - 260	CAUSE O	F DEATH '	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			
LEADING TO DEATH	MA:	HEMORANAGE	TINAL
(This does not mean the made of dying	, e.g., DUE TO		
heart foilure, osthenia, etc. It means the d	isease,	HE MOINT HEE	
injury or complication which coused death.	.)	AT DETERMIA	E
ANTECEDENT CAUSES	(B)	IUSE NOT DETERMIN	- D
DISEASES OR CONDITIONS, if any,			
rise to the obove couse (A) slotin			
UNDERLYING CONDITION Iosl.	3	***************************************	
			A
	M MYOC	AKPIAL INFALCTION -	ACUIE
OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION WAS PERFORME	TO THE	A-0 + Da E + -	
DISEASE OR CONDITION CAUSING IT.	DA DIKE	BETES ACIDOSIS	
19A. DATE OF OPERATION 198. CONDITION		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
WAS PERFORME	D	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218 BLACE OF INTURY	as about 21 C WHERE DID (If in Rabinous	City sine award landful
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	fice bidg., INJURY OCCUR?	City, give exact location)
DEATH (notify medico) exominer	etc.)		
21D. TIME (Month) (Doy) (Year) (Hou	1) 21 E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Doy) (Yeos) (Hou			
(APPROX)	While At Not Whi)	e	
		1 12 105	1-14 65
22. I certify that (I) (this hospital) atte	nded the deceased from		1 1900
that (1) (we) last saw the deceased oliv	ve on 1 - 14	19 and that in (my) (our)) opi	nion death occurred on the da
ond haur ond from the couses stoted ab	ove. (1) [We) (did) (did not) v	iew the body ofter deoth.	
23A. SIGNATURE			23 B. DATE SIGNED
110.00	M.D. Atte	ending Med. Stoff Phys.	1/15/10
una 1.	- 1		113/63
23 C. PHISICIAN'S NAME (Type) Renato R, Esp	ine	23D. ADDRESS	
The state of the s	DINA M.D.	1 15 Theony Haco	NE MAN
THENKIO IC.	13 111011	LUTHEMIN HOSP.	יוט אינט.
4A. BUILL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRI	MATORY 24D. LOCATION (C	ty, town, or county) (State)
	14 0.2	D-3+4	
	Mt. Calvary	Baltimore, N	Maryland
5A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
JAN 18 1965 (1)	Does E. Farber M.A	Charles R. Law 802 Mad	lison Ave.
'S 150-REV. 1/1/65			
- 10V-11111 11 11 V			

THANS CHART MY SEINS BAS LIN INTETTION HEMILIA BACE CAVIE NOT DETERMINE. D INTERNATION INTERNATION - ACTUAL in DINBETUL ALIMIN 1 -1 W-1 Denna 1 Eyrin PLENATO IL ESPINA LUTHERAN HEIR OF MI

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1	0546	
5.5	11.745	

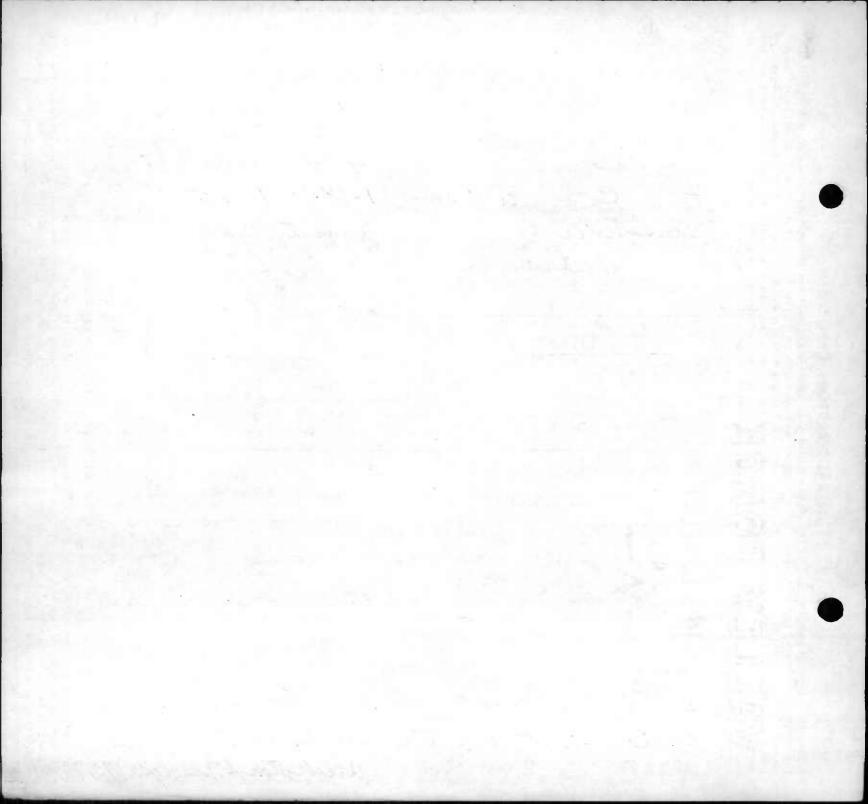
65	0546
N.	ONLY

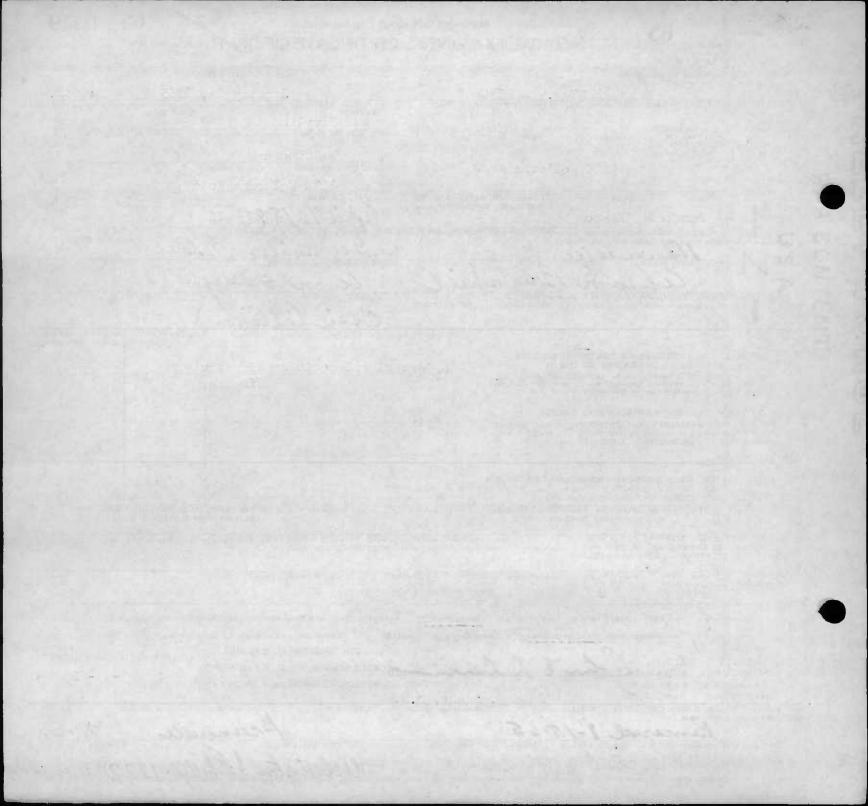
-	69	0340		ALTIMORE CITY HEAT			, b	
	H NO.	59329 ME	DICAL EX	AMINER'S C	ERTIFICA	TE OF DEATH	Registered No.	
_	AME OF DEC	1-				2. DATE AND HOUR P	RONOUNCED DEA	D
(Тур	e or Print)	GEO	RGE E. HEN	NSON		January	15, 1965	11:18 A
3. P	LACE IN BALT	MORE, MARYLAND,	WHERE PRONOU	NCED DEAD	A. STATE	DENCE (Where deceased	B. COUNTY	esidence before odmissi
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION, GIVE STREET						WN (If outside corporate	limits, write RURAL	ond give township)
		PROVIDEN	r HOSPITAI	~	1	RESS (If jural, give locat Salem Street		
5. S	EX	6. RACE		NEVER MARRIED IVORCED(specify)	B. DATE OF BIRT	H 1902 9. AG		der 1 Yr. If Under 24 H
	Male	Negro	Wid	OW-3		8, 1999	64 62	
		IPATION (Give kind of vorking life, even if retire		BUSINESS OR INDUSTR	YIII. BIRTHPLACE	(State or lareign country)		TIZEN OF HAT COUNTRY?
12 8	ATHER'S NAM	E			Mary]	and NAME	U	S.A.
13.1	ATTIER 3 IVOV							
		D EVER IN U.S. ARA		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDR	ESS
1163	No	wyos, give war or c	10,000 01 0011100		Menyon	Kelly 561	8 Wesley	Ave.
	1B. // //	3 X + F	9215	CAUS	OF DEATH	1		INTERVAL BETWEE
	DISEAS	E OR CONDITION	DIRECTLY					ONSE! AND DEA
		LEADING TO DEA	ATH	(A) Hyper	tensive h	eart disease,	pulmonary	7
	heart failure,	osthenio, etc. It me nplication which cous	ons the diseose, ed deoth.)	e	mphysema	and chronic o	or pulmona	alle
	Δ	NTECENDENT CAL	1555					
	DISEASES	OR CONDITIONS, I	F ANY, GIVING	(B) DUE TO				
	UNDERLYIN	E ABOVE CAUSE (A	STATING THE					
NO.				(C)		• • 1	.1 - :	
CERTIFICATION	TO THE	II VIFICANT CONDITIO DEATH BUT NOT R CONDITION CAUS	RELATED TO TI			ns with convu aumatic epile		
CERTI		OPERATION 198.		VHICH OPERATION	20A. AUTOPS	Y? (Yes or No) 208, IF YI	es, were findings fying causes of Yes	CONSIDERED DEATH?
	21A. EXTERNA	L CAUSE WAS	218.	PLACE OF INJURY (e.g.,	in or obout 21C.	WHERE DID (If in Boltin		t locotion)
EDIC		OR CONTRIB-	etc.)	form, foctory, street, Street		Brunt & Bloom	n Streets	
7	21D TIME	(Month) (Doy) (	Yeor) (Hour) 2	E. INJURY OCCURRED		OW DID INJURY OCCU		ined - fell
	(APPROX.) Found	10 4 6	4 m. W	HILE AT NOT		reet or was h		
	22.	ify that I held an	Inquiry 🗌	Inspection Au	ntapsy X on	d that an this basis,	death in my apln	lon
	resul	ted from: Notural	couses A	ccident 🔀 Suicio	de Homic	ide Undeterm	ined monner	
		As.	< 10	,		EDICAL EXAMINER		DATE SIGNED
ACTUAL COMPANY CAN MELES ASSISTANT MEDICAL EXAMINER X								1-15-65
	EXAMIN	ER'S	T -1 - 1	. A1 W.T		MEDICAL EXAMINER	2	1-13-03
23A	, BURIAL CRE			E. Adams, M.I	or CREMATORY	23D. LOCATION	(City, town,	or county) (Stote)
REA	AOVAL (Specify	1/-/	9-65-	not follow	10	Bett.	7 2	0
24/	DATE REC'D	BY HEALTH DEPT.	248, NAME	OF REGISTRAR	24C. FUNER	RAL DIRECTOR	ink, h	ADDRESS
A	953	JAN 18 198		JE Jarber M.D	29	5 8 KD	12/03	1 C. Chans
VS	151-REV. 1/1/	65			1 fear	se so pu	10/0/	·action

	BALTIMORE CITY	HEALTH DEPARTMENT		65 0547					
BIRTH NO. 65 0547	CERTIFICA	TE OF DEATH	Registered Na.	00 0047					
1, NAME OF DECEASED	H. Ross	2. DATE AND	HOUR OF DEATH	172:50 A.M					
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE Where	deceased lived. If inst	itution: residence before admission)					
FULL NAME OF (If not in hospital or institution, HOSPITAL OR oddress or location) INSTITUTION	give street	C. CITY OR TOWN (If our	ide city fimits, write RU	13 0 6  JRAL ond give township)					
		BAU	TIMORE						
LUTHENAN HOSPITAL	OF MD.	1902 PO	prol, give location)  PLAN G	MUE ST.					
	NEVER MARRIED D, DIVORCED (specify)		AGE (In years	onths Doys Hours Min.					
7. C. Zu	ilauer	3-7-02	(02						
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?					
		USA		USA					
13. FATHER'S NAME	11.	14. MOTHER'S MAIDEN NAM	E CI	1					
- Marler	Harris		Gllen	Jones					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1+11	ADDRESS 028					
	213-30-3078	CHAPIT	Cles Ha	rus Clifter-au					
18. 4 20./1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	h cal	TE NOVECA	- MIM						
(This does not mean the mode of dying, e.g.,		10 10.700	(C)II(O)						
heart foilure, asthenia, etc. It means the disease, injury at camplication which caused death.)		INFARCT	152						
ANTECEDENT CAUSES	(B) DUE TO	namawanawawanawa a na a a <sup>9</sup> a a a a a a a a a wanawawa wa wa wanawa wa a a a							
DISEASES OR CONDITIONS, if any, giving	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the (C)								
UNDERLYING CONDITION last.	(C)			<del></del>					
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	7 45 1								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE THE PERTENSINE CAMPIONAS WITH DISEASE DISEASE OR CONDITION CAUSING IT.									
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR		20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED					
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		111	IN CERTIFYING CAU	SES OF DEATH?					
U 21A. ACCIDENT WAS UNDERLYING 21B OR CONTRIBUTING CAUSE OF hom	ne, form, factory, street, of	n or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)					
	. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?						
S OF INJURY (APPROX.)	nile At Not Whit	е							
22. I certify that (I) (this hospital) attended t		1-9	1 200	-16 1965					
that (1) (we) last saw the deceased alive an	1 11.								
and have and from the causes stated above. (	that (1) (we) last saw the deceased alive an								
23 SIGNATURE			/	23 B. DATE SIGNED					
Ilevas / Ligit	M.D. Atte	s. Med. Director	Stoff Phys.	1/16/65					
21C. PHYSICIAN'S NAME (Type)		23D. ADDRESS							
PLENATA D. ESP	INA M.D.	LNTHERAN	HOSPIT	M OF Md					
24A. BURIAL CREMATION, 24B. DATE 24C. N REMOVAL (Specify)	AME of CEMETERY OF CRE	EMATORY 24D. LO	CATION (City	r, town, or county) (State)					
Burial 1-2065 B	allemare	National 12	allemin	e mo.					
25A. DATE REC'D BY HEALTH DEPT. 258. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	1 01-00	ADDRESS					
JAN 18 1965 P. C. St & Fa	Och MA	aslangian	Athelle	4/72/1. Marra					
VS 150-REV. 1/1/65			/	9					

DUNNE JUNE FRITHING HELPING OF MD 1902 POPLAR GRAGE ELL 3-7-00 A2 U TAMO A CUTE INTECNIFIED ... INFARCT BY HAPPIENING CATHOLY WILM DISECTE 314 50 50 NI-1 Durah 1 Comins RENATA IT ESPINA WITHERMA HOSPITAL OF THE

		BALTIMORE CITY	HEALTH DEPARTMENT		65 0548			
	H NO. 65 0548	CERTIFICA	TE OF DEATH	Registered No.	65 0548			
1. N (Typ	AME OF DECEASED  e or Print)  Alice	Lewis Jos	horson far	wany	12/55:30 Pm.			
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	deceased lived. If in	nstitution; residence before admission)			
1 1	ULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location) NSTITUTION	tion, give street	C. CITY OR TOWN () outs	aide city limits, write	RURAL ohd give township)			
	11211 4 00 1	4.	D. STREET ADDRESS All rurol, give locotion)  404 Hald St.					
	Baltimare	, mg.						
5. S		RIED, NEVER MARRIED OWED, DIVORCED (specify)		ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
	USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?			
done	e during most of working life, even if retired)		augusta, &	Georgia)	WHAT COUNTRY!			
13.	FATHER'S NAME	11 11	14. MOTHER'S MAIDEN NAM	AE J				
15. 1	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ewis	ADDRESS			
(Yes	,no or unknown) (If yes, give war or dates of serv	SECURITY NO.	James Jat	huson	Sime			
	18. 159X I	CAUSE O	F/DEATH		INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	n	alia anca	mital	to 2 month of			
	(This does not mean the mode of dying, heart foilure, asthenio, etc. It means the disc		were your or	- Many sa				
	injuly of complication which coused death.)	67-	t. I ma	11 muses				
	ANTECEDENT CAUSES	DUE TO	- ALLEN	organi,				
	DISEASES OR CONDITIONS, if any, gi			0				
	UNDERLYING CONDITION Iosi.	distributed any second			volubouda 000 77778 4778 000 000 000 000 000 000 000 000 000			
NOIT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE		St. 13.				
ERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION I	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?			
0	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)			
103	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?				
2	(APPROX)	While At Not While Work At Work						
	22. I certify that (1) (this hospital) attend	led the deceased from	1-25	964101-	-/2 1965.			
	22. I certify that (1) (this hospital) attended the deceased from 1 - 3 5 19 6 4 to - 12 19 6 5, that (1) (we) last saw the deceased alive on 1 - 2 19 6 5 and that in (my) (our) opinion death occurred on the date							
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.							
	23A. SIGNATURE	7			23B, DATE SIGNED			
	neus + Gonzal	Phy	s. Director	Stoff Phys.	1-15-65			
	23C. PHYSICIAN'S NAME (Type)	1	23D. ADDRESS	11	0			
244	LUIS F CIONZ	ALEZ M.D.	University	HUSPITA	AL BALTO Ma			
24A	BURIAL CREMATION. 24B. DATE 24 REMOVAL (Specify)	C. NAME OF CEMETERY OF CRI	MATORY Ph 24D. LO	22-1-1	ity, toyun, or county) (State)			
25A	Dureau 1-16-65   Date REC'D BY HEALTH DEPT.   258, NA	ME OF REGISTRAR	Mem, J.C. 13	allegno	ADDRESS ;			
234		Falley M. A	Allengton	A. Thele	lipo 172 M. Morris			
VS	150-REV. 1/1/65		7 7 7	-	31,			



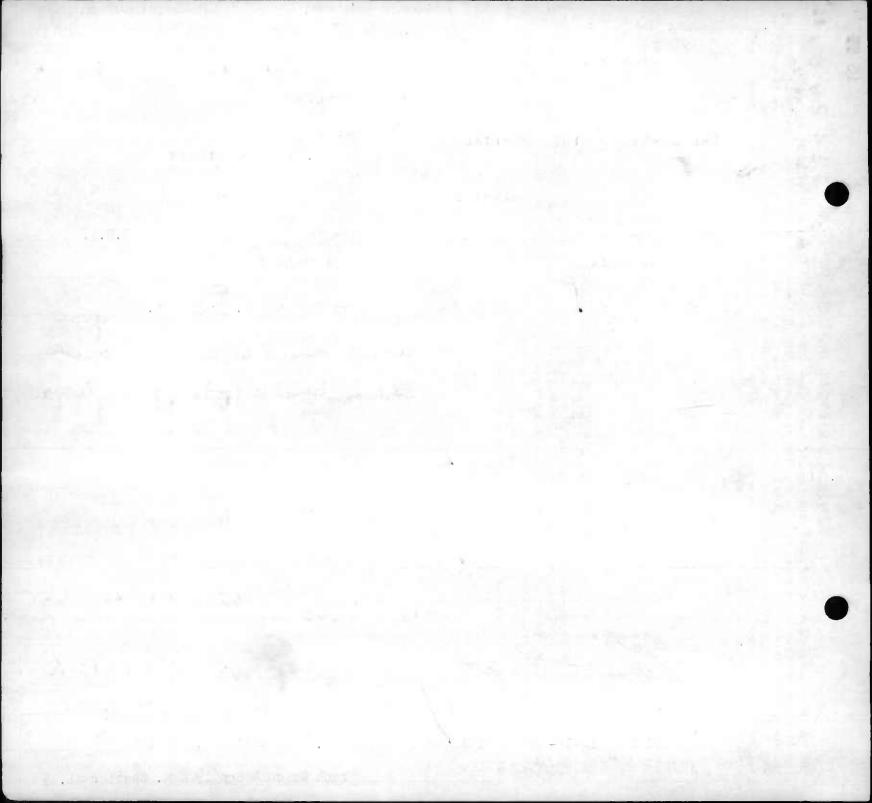


IMPORTAN DIRECTOR FUNERAL BIRTH NO.

M.E. CASE NO.

VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) (If outside city limits, write RURAL and give township) If Under 1 Yr. If Un Months Doys Hours If Under 24 His. Hours : Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exoct location) and that in (my) (our) opinion death occurred on the dote 23 B. DATE SIGNED Baltimore, Maryland ADDRESS Frank Cvach & Son 900 N. Chester St.

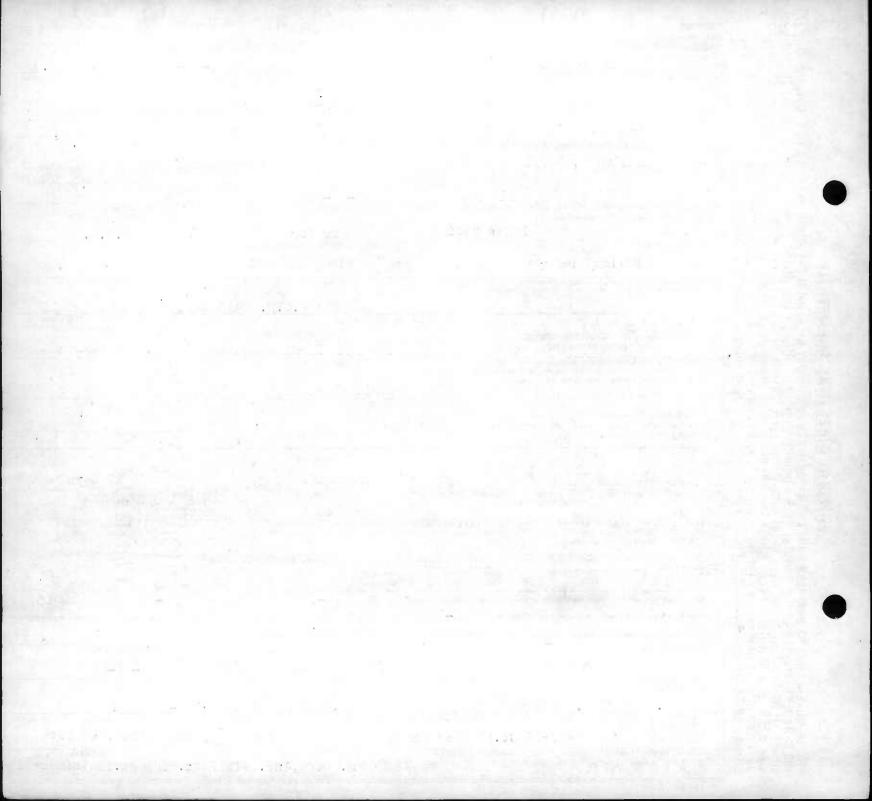


prior to death. Such (4) Undetermined cause; (5) Deceased attendance regular or his assistant if death IMPORTANT death and (6) No physician was in regular attendance on where the physician who pronounced fracture of This certificate must be approved by the chief medical examiner FUNERAL DIRECTOR: the body was released to the hospital by deceased prior to death); written approval must be shows: (1) An was D.O.A.

on the

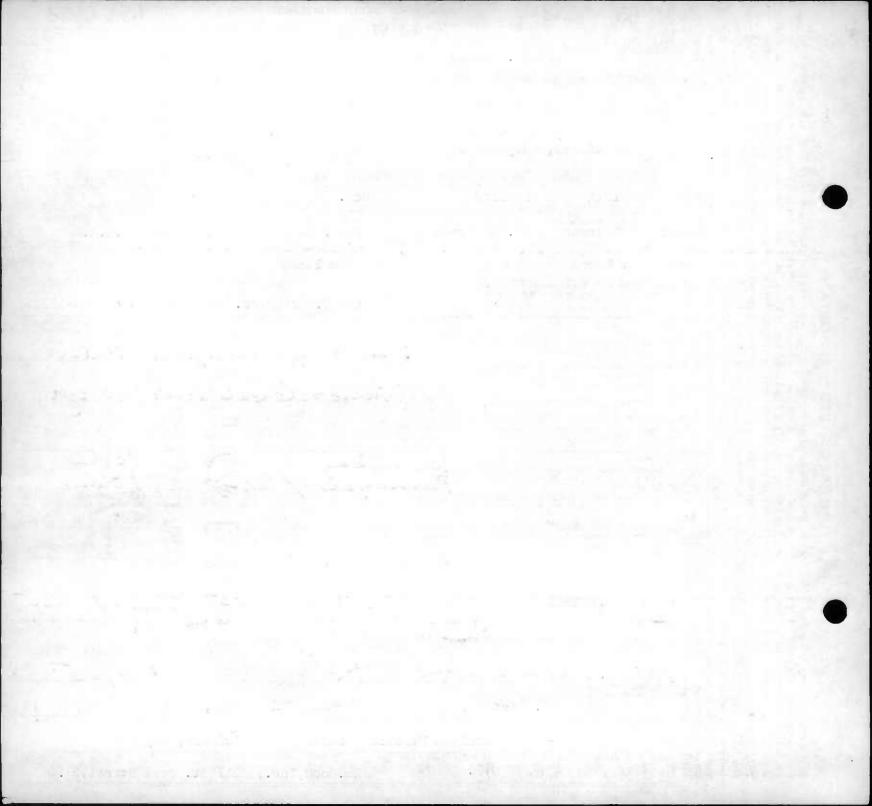
	OF DESI	BALTIMO	ORE CITY	HEALTH DEPARTMEN	IT	65 0551
	H NO. 65 0551	CERTI	IFICA"	TE OF DEAT	H Registered No.	
1. NA	AME OF DECEASED			2. DA1	E AND HOUR OF DEATH	1
	Edward De N				1-15-6	institution: residence before admission
	LACE OF DEATH IN BALTIMORE, MARYLA			A. STATE B. C	(Where deceased lived. If	institution: residence before odmission
H	ULL NAME OF (If not in hospital or in oddiess or location) ISTITUTION				(If outside city limits, write	RURAL and give township)
	Baltimore City H			Baltimore		
	4940 Eastern Ave			D. STREET ADDRESS	(If rurol, give location)	1102024
	Baltimore, Mary	land #21224		3102 Reist	terstown Road	#21215
5. SE		MARRIED, NEVER MARRIE WIDOWED, DIVORCED (sp	D pecify)	DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	ale White USUAL OCCUPATION (Give kind of work 108,	Divorced	NID HISTORY I	3-15-02	62	120 617 511 05
	during most of working life, even if retired)	. KIND OF BUSINESS OK II	ND031KI	II. BIKINFLACE (Slote o	r toreign country)	12. CITIZEN OF WHAT COUNTRY?
	Groom	Horse Racing		New York		U.S.A.
3. F.	ATHERS NAME		1	4. MOTHER'S MAIDEN	NAME	
	Michael DeMayo			Mary Val	entine	
5. W Yes,	vos Deceosed Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dotes of	service) 1 6. SOCIAL SECURITY N	id.	7. INFORMANT		ADDRESS
					H. 4940 Easte	rn Avenue "21224
1	18. 11. 0, 1	C	AUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECT					
	LEADING TO DEATH	Bilat	teral Cardio	vascular	6 Days	
	(This does not mean the made of dyi heart failure, astheria, etc. It means the	ng, e.g., DU	E TO	Accident		
	injury ar camplication which caused dea					
	ANTECEDENT CAUSES	(B)		riosclerosis	***************************************	
	DISEASES OR CONDITIONS, if any,		E TO			
	rise to the abave cause (A) sto					
	UNDERLYING CONDITION Iosi.				***************************************	
	11					
2	OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING				
ATI	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE Myoca:	rdial	Infarction		17 Days
ERTIFICATION		ON FOR WHICH OPERATIO	ON	20 A. AUTOPSY? (Yes	or No) 208. IF YES, WERE	FINDINGS CONSIDERED
2 Til	WAS PERFORA	MED		Yes	IN CERTIFYING CA	AUSES OF DEATH?
0 2	21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJU	JRY (e.g., in	or obout 21C. WHERE D	ID (If in Boltimo	re City, give exact location)
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory,	street, offi	ce bldg., INJURY OCCU	R?	
O						
MEDI	21D. TIME (Month) (Doy) (Yeal) (H OF INJURY	OUT) 21E. INJURY OCCUI			NJURY OCCUR?	
2	(APPROX.)		Not While At Work			
2	22			12-30	10.61	1 16/5
	22. I certify that (I) (this hospital) at				19 64 ta	
t	that (I) (we) last saw the deceased a	live an 1-15	***********	19.00 ar	nd that in (my) (aur) ap	inian death accurred an the dat
0	and haur and from the causes stated	abave. (1) (We) (did) (di				
2	23A. SIGNATURE					23 B. DATE SIGNED
	H action	N	A.D. Atten	ding Med.	Stoff Phys.	1-15-65
2	23 C. PHYSICIAN'S		Phys.		Phys. LOJ	1-17-07
1	NAME (Type)		2.	3D. ADDRESS		
	Dr. Howard K. Rathb	oun	M.D.	4940 Eastern	Avenue #2122	4
24A.	BURIAL CREMATION, 248. DATE	24C. NAME of CEMETER	RY or CREA			City, town, or county) (State)
1	REMOVAL (Specify)  REMOVAL 1-17-65	St.Charles C	emeter	ry 1	Pine Lawn, Long	Island, New York
						A STATE OF THE PARTY OF THE PAR

Wm. Gook, Inc., 1217 St. Paul St., Baltimore VS 150-REV. 1/1/65

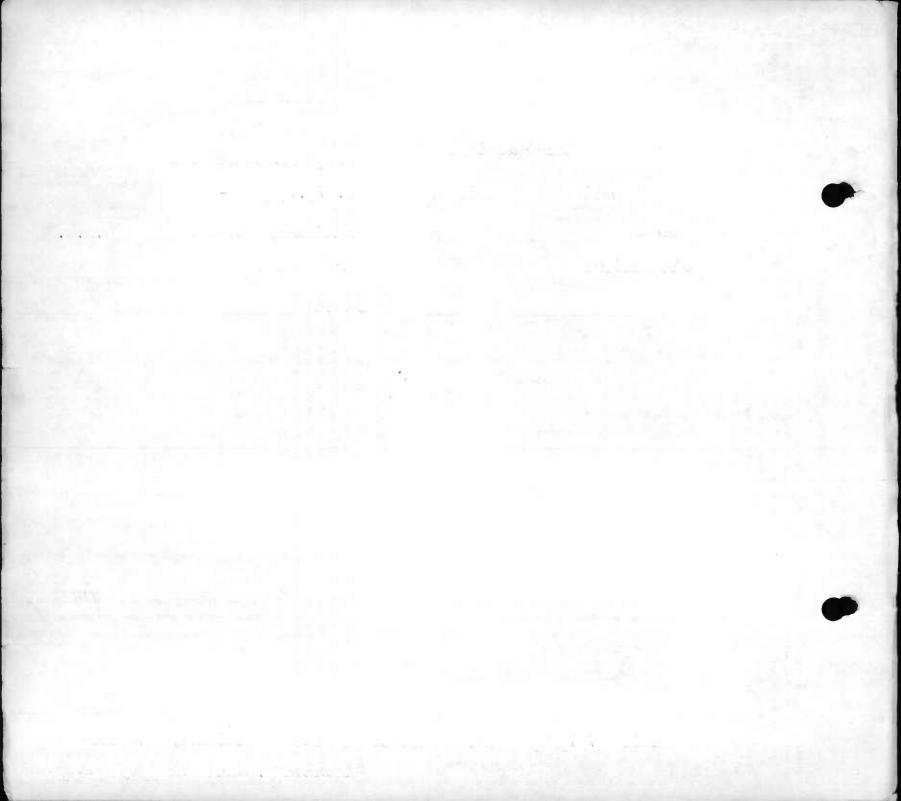


	LU	1		J	
0	leath occurred in a hospital and or contributing cause of death	Indetermined cause; (5) Deceased	(except where the physician who pronounced death was in regular attendance on the	and (6) No physician was in regular attendance on the deceased prior to death. Such	sition is made.
FUNERAL DIRECTOR: IMPORTANT	ical examiner or his assistant if	is; (3) A fracture of any kind; (4)	cian who pronounced death we	as in regular attendance on the	obtained before the remains are embalmed or final disposition is made.
FUNERAL	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physic	deceased prior to death); and (6) No physician we	written approval must be obtained before the remo
	This	show	W as	dece	Writt

	65 055%			Y HEALTH DEPARTMENT	D 1 1 1 1 1	65 0552		
BIRTH NO. M.E. CASE NO.			CERTIFICA	ATE OF DEATH	Registered Na			
1. NAME OF DEC	Jes Jes	se T. Ma	rler, Sr	2. DATE AND Janua	ary 15, 19	65		
3. PLACE OF DE FULL NAME ( HOSPITAL OR INSTITUTION	OF (If not in hospital oddress or location	or instilution, g	ve street	4. USUAL RESIDENCE (Where A. STATE B. COUNT Maryland C. CITY OR TOWN (If outs	19-	institution: residence before odmiss  RURAL and give township)		
IN SHITCH HON	2733 Maryl Baltimore,			D. STREET ADDRESS (If no 2733 Maryland	urol, give location)	A STORMAN		
5. SEX male	6. RACE white		DIVORCED (specify)		AGE (In years ost birthdoy) 82	If Under 1 Yr. 11 Under 24 Months Doys Hours Min		
done during most of retired	working lile, even if retired) Foreman		ilroad	North Carolina		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NA	unknown			unknown	I.E.			
15. Was Deceoses (Yes, no or unknow NO	d Ever in U. S. Armed Fo	rces? es of service)	SECURITY NO.	Jess T. Marler, J	Jr.,2612 C	ADDRESS rabapple Road-2123		
(This does heart failure, injury or car	SE OR CONDITION DI LEADING TO DEATH nal mean ihe made of asthenia, etc. Il means mplicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if te abave couse (A) G CONDITION last.	(B) CO	societing and Leios clere	eingo si, ser	n 10da.			
E TO THE D	III	ATED TO THE	Para	liais of le	as)	10 da.		
19A. DATE O	F OPERATION 198. COM	IDITION FOR W	HICH OPERATION	AOA. AUTOPSYTY Yes or No.	208. 17 YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?		
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medical examiner		PLACE OF INJURY (e.g., form, foctory, street,	office bldg., INJURY OCCUR?	(If in Boltime	ore City, give exact location)		
21D. TIME OF INJURY (APPROX)	(Month) (Doy) (Year)		e At At Wo	21F. HOW DID INJU	IRY OCCUR?			
that (I) (we	22. I certify that (I) (No. 1   1965) attended the deceased fram 1965 and that in (no. 1   1965) are the no. 1   1965) and that in (no. 1   1965) are the no. 1   1965) and that in (no. 1   1965) are the no. 1   1965) and that in (no. 1   1965) are the no. 1   1965) are th							
23A. SIGNAT 23C. PHÝSICI, NAME (	OR. Free	R. Freem	M.D. A	ttending Med.  Director 23D. ADDRESS	Stoff Phys.   Street Balt	238. DATE SIGNED 1/18/65  cimore 21218, Md		
24A. BURIAL CRI REMOVAL BURIA	EMATION. 24B. DATE (Specify)	24C. NA	ME of CEMETERY of C	REMATORY 24D. LO		City, town, or county) (Sto		
25A. DATE REC'E	1965 A P. B	25B. NAME O	and the same of	Wm. Cook, Inc.,		ADDRESS		



65 0553	BALTIMORE CITY	HEALTH DEPARTMENT	CE	OVERO A
BIRTH NO.	CERTIFICA	TE OF DEATH X R	egistered No. 65	0553
M.E. CASE NO.  1. NAME OF DECEASED  (Type of Print)  BABY  SCHIEV  3. PLACE OF DEATH IN BALTIMORE, MARYLAND	, e	2. DATE AND HO	UR OF DEATH	1:10Pm
FULL NAME OF (If not in hospital or institution, give HOSPITAL OR oddiess or location)		4. USUAL RESIDENCE (Where dec. A. STATE B. COUNTY Marylana	1	Balts
INSTITUTION	, ,	Baltimor	city limits, write RURAL and LC give location)	give township)
Mercy Haspit  5. SEX  6. RACE  7. MARRIED, NE WIDOWED, IS	iai	8045 Stratma	in Road	
write si	ngle (specify)	Jan. 14.1905	E (In years If Under Months	1 Yr. If Under 24 His. Doys Houis Min,
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BL done during most of working tife, even if retired)	JSTŘESS OR INDUSTRY	Baltimore, Mar 14. MOTHER'S MAIDEN NAME	WHA	LEN OF AT COUNTRY? U.S.A.
John Schieve		Marie Smith	0	
	SOCIAL SECURITY NO.	Father	Sam	ADDRESS
18. 25 9, 3 1	CAUSE OF	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEÁSE OR CONDITION DIRECTLY LEADING TO DEATH	(A) R	spiratery Failu		5 min
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury ar complication which caused death.)  ANTECEDENT CAUSES	DUE TO	VS Immalureter		
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the	OUE TO	speratory Failu NS Immaturety esony 13-13		
UNDERLYING CONDITION lost,  OF TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  190. DATE OF OPERATION 198. CONDITION FOR WHI				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PL	ICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B.	LIF YES, WERE FINDINGS CERTIFYING CAUSES OF E	CONSIDERED DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ACE OF INJURY (e.g., in form, foctory, street, off	or about 21 C. WHERE DID ice bidg., INJURY OCCUR?	(If in Boltimore City, give	e exact location)
	At Not While	21 F. HOW DID INJURY C	OCCUR?	
o later the transfer of the later the		1/14 19 6	to	th occurred on the date
that (I) (we) lost saw the deceased alive on	W-) (4:4) (4:4	and the today of the today		
ond hour ond from the couses stoted obove. (I) (1)  23A. SIGNATURE  23A. SIGNATURE  23A. SIGNATURE	M.D. Atter	Med. Stoff Director Phys.	1	14/63
ond hour ond from the couses stoted obove. (I) (1)  23A. SIGNATURE  When the couses stoted obove. (II) (1)  23A. SIGNATURE	M.D. Atter	nding Med. Stoff	1	14/63
ond hour ond from the couses stoted obove. (I) (1)  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	M.D. Atter Phys  M.D. Re of CEMETERY or CRE	MATORY  Med. Stoff Phys.  Stoff Phys.	ION (City, town, o	14/63 or county) (State)



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

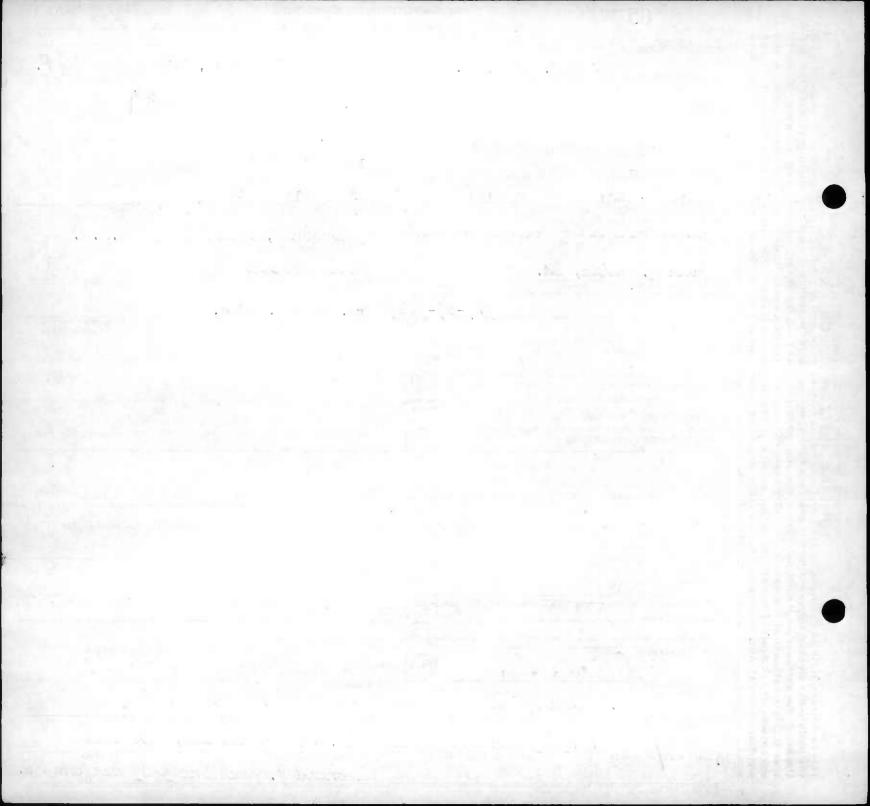
	CE OFFA		BALTIMORE CITY	HEALTH DEPARTMENT		65 0554		
BIRTH NO.	65 0554	,	CERTIFICA	TE OF DEATH	Registered Na	00 9004		
M.E. CASE NO.			<b>3</b> =1(11110)					
(Type or Print)	YDIA A. ROSS				LI/1965	1 12:45 P M		
3. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (V		institution: residence befere edmissien)		
FULL NAME (	OF (If net in hospitel eddress er lecetie		re street	Maryland	9	7438		
INSTITUTION	The Gundry	Sanitari	um Inc.	Baltimore	eutside city limits, write	RURAL end give township)		
	2 N. Wichl Baltimore			D. STREET ADDRESS	(If rurel, give lecotion)	1-4		
				1818 Sherwo		11,		
5. sex Female	6. RACE White		DIVORCED (specify)	9/15/1883	9. AGE (In yeers lest birthdoy)	If Under 1 Yr., If Under 24 Hrs. Months Deys Heurs Min.		
	CUPATION (Give kind of werl I working lile, even il retired)	10B. KIND OF I	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote er	fereign ceuntry)	12. CITIZEN OF WHAT COUNTRY?		
Nurse	working ille, even il retired)	_		Maryland		USA		
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	0.000		
John T	. Ambrose				Knowles			
15. Wes Decease (Yes, ne er unknew	d Ever in U. S. Armed Fer	s of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
No				Mrs. Edna St	trevig 1818 S	herwood Dr. #14		
18. 33	SE OR CONDITION DIE	X	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH		
DISEA	LEADING TO DEATH	ECILI	(A) Cereb	ral Hemorrhage				
	(This does not mean the made af dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,							
	injury or complication which coused deeth,)							
	ANTECEDENT CAUSES (B) Arteriosclerosis, Cerebral & General							
	OR CONDITIONS, if to obave cause (A)		(C)					
	G CONDITION lost.		000000000000000000000000000000000000000	19 M-000 00000 0000 000000 00000000000000		00.000.000.000   00.000.000.000.000.000.		
E TO THE D	II  DIFICANT CONDITIONS CODEATH BUT NOT RELATED TO CONDITION CAUSING I	TED TO THE	Arthirtie C	arcinoma of Bu	angt Age			
U 19A. DATE O	F OPERATION 198. CON	DITION FOR WI	HICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?		
19A. DATE O	WAS PER		114	NO		AUSES OF DEATH?		
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medicel exominer)	21 B. P heme, etc.)	lerm, lectery, street, el	n er ebeut 21 C. WHERE DIE lfice bidg., INJURY OCCUR	(It in Baltimo	ore City, give exect lecetion)		
OF INJURY	(Month) (Doy) (Yeer)	(Hour) 21 E. I	NJURY OCCURRED	21F. HOW DID	INJURY OCCUR?			
S OF INJURY		While	At Net While At Werk	е				
22. L certify	y that (I) (this hospital			v. 25	10 67 to Jan	· 14 19 6.5		
						pinian death occurred an the date		
				iew the bady after dear		ornian death occurred an the date		
23A. SIGNAT	URE					23B. DATE SIGNED		
	1 Recelul 1.	Grud	M.D. Atte	ending Med. Director	Stoll Phys.	1/14/65		
23C. PHYSICIA	AN'S Type)		М.D.	23D. ADDRESS The (	Fund y Sant	The Paltinge 29		
24A. BURIAL CRI	EMATION, 24B. DATE (Specify)		AE OI CEMETERY er CRI		, ,	City, tewn, er ceunty) (State)		
Bur	ial 1/18/0	55 Tr	inity Ceme	tery	Long Grae	n, Maryland		
JAN 18	1965 A D. B	25B. NAME OF	REGISTRAR	arrived to the	TOR	ADDRESS		
VS 150-REV. 1/1/	7600	C, Janes	, 10	regulation 9.	uck inc, 530	5 Harford Rd.		
75 130-KL 7, 1/1/								

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VS 150-REV. 1/1/65

65 0555	BALTIMORE CIT	Y HEALTH DEPARTMENT		00 0000
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No	
M.E. CASE NO.  1. NAME OF DECEASED	7922	2. DATE AND	HOUR OF DEAT	1
(Type or Print)  JOHN E	. WAITE, JR.	JANU	ARY 12, 19	65   6 P.
B. PLACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where	deceased lived. If	institution: residence before admission
FULL NAME OF (If not in hospital	or institution, give street	MD.	27	-49
HOSPITAL OR oddress at lacotic		C. CITY OR TOWN (If auts	ide city limits, write	RURAL and give township)
		BALTO. D. STREET ADDRESS (If re	oral, give lacotian)	
MARYLAND GENERA	L HOSPITAL	1647 KINGSWAY		St. Charles
SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	AGE (In veors	If Under 1 Yr. If Under 24 H Manths Days Haurs Min.
male White	Married (specify)	12/18/1915	49	Manths Days Haurs Min.
A. USUAL OCCUPATION (Give kind of wor				12. CITIZEN OF
One during most of working life, even if retired)	Eastern Stainless	Cananahuna	Panna	WHAT COUNTRY?
General Goreman	Eastern Stanness	(anonsburg,	E	0.5000
John E. Waite, S.	n	Maude Robert	1	
. Was Deceased Ever in U. S. Armed Fo	rces? 1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no ar unknawn) (If yes, give war ar dat	es of service) SECURITY NO.	100	7. 2 A .	Come
18. // 00 / 1	3/4-04-3084	Mes. Adele M. W	alte,	Same
7 201			0 , 1	ONSET AND DEATH
DISEASE OR CONDITION DI	RECILI I	youndial o	marche	on 1 hd
(This does not mean the made of	dying, e.g., DUE TO	1		
heart failure, asthenia, etc. It means injury or camplication which caused		V		
ANTECEDENT CAUSES	S (B)			
DISEASES OR CONDITIONS, if	any, giving			
rise to the above cause (A) UNDERLYING CONDITION last.	stafing the (C)			
11				
O OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING			
TO THE DEATH BUT NOT REL	IT,			
19A. DATE OF OPERATION 19B. CON	NOTION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes ar Na)	10 B. IF YES, WER	FINDINGS CONSIDERED AUSES OF DEATH?
		ho		
	1010 01 . 00 00 1111111111	1 JOSE WILLIAM	/// B 12	
OR CONTRIBUTING TO CAUSE OF	218. PLACE OF INJURY (e.g., home, form, foctory, street,	in ar about 21 C. WHERE DID INJURY OCCUR?	(If in Baltim	are City, give exact lacation)
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	etc.)	ffice bldg., INJURY OCCUR?		are City, give exact lacation)
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	(Hout) 21E INJURY OCCURRED	office bldg., INJURY OCCUR?		are City, give exact lacation)
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	etc.)	21F. HOW DID INJU		are City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Yearly (APPROX.)	(Hour) 21 E. INJURY OCCURRED  While At Not White At Work	21F. HOW DID INJU	RY OCCUR?	Jan /V 1965
OR CONTRIBUTING CAUSE OF DEATH (nalify medical examiner)  21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21 E. INJURY OCCURRED  While At Not Whi Wark At Work	21F. HOW DID INJU	965 to	Jan 1 ~ 1965
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year)  (APPROX.)  22. I certify that (I) (this hospital that (I) (we) lost sow the decease	(Hour) 21 E. INJURY OCCURRED  While At	21F. HOW DID INJU	965 to	Jan 1 ~ 1965
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  21D. TIME (Month) (Day) (Year)  (APPROX.)  22. I certify that (I) (this hospital that (I) (we) lost sow the decease	(Hour) 21 E. INJURY OCCURRED  While At Not Whi Wark At Work	21F. HOW DID INJU	965 to	Jan 1 ~ 1965
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (APPROX.)  22. I certify that (I) (this hospital that (I) (we) lost sow the decease and hour and fram the causes state.	(Hour) 21 E. INJURY OCCURRED  While At Not Whi Wark  OT) ottended the deceased from ed alive on  Otten obave. (1) (We) (did) (did not)	21F. HOW DID INJU	9 (-5 to	pinion deoth occurred on the d
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  210. TIME (Month) (Day) (Year) (APPROX.)  22. I certify that (I) (this hospitation (I) (we) tost sow the decease ond hour and fram the causes stated (I) (III)	(Hour) 21 E. INJURY OCCURRED  While At	21F. HOW DID INJU	965 to tin(my) (100)	pinion deoth occurred on the d
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Yearly (APPROX.)  22. I certify that (I) (this hospital that (I) (we) Tost sow the decease and hour and fram the causes state.	(Hour)  21 E. INJURY OCCURRED  While At	21F. HOW DID INJU	9 (-5 to	pinion deoth occurred on the d
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospital that (I) (we) fost sow the decease ond hour and fram the causes stated as a superior of the causes as a superior of the causes stated as a superior of the causes	(Hour)  21 E. INJURY OCCURRED  While At	21F. HOW DID INJU	Pry Occur?  965 to tin(my) to o	pinion deoth occurred on the d
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  OD 210. TIME (Month) (Day) (Year)  OF INJURY (APPROX.)  22. I certify that (I) (this hospital that (I) (we) fost sow the decease ond hour and fram the causes stated as a signature of the causes of the cause	(Hour)  21 E. INJURY OCCURRED  While At   Not White At Work  11) ottended the deceased from	21F. HOW DID INJU	Stoff CATION	pinion deoth occurred on the d
DEATH (natify medical examiner)  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (this hospital that (I) (we) tost sow the deceas and hour and fram the causes sta 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  A. Allan 24A. BURIAL CREMATION, 24B. DATE	(Hour)  21 E. INJURY OCCURRED  While At   Not White At Work  Off) ottended the deceased from	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY  19 ond the view the body ofter deoth.  23D. ADDRESS  23D. ADDRESS  23D. ADDRESS  23D. ADDRESS  24D. LO	Stoff CATION (CATION)	pinion deoth occurred on the d

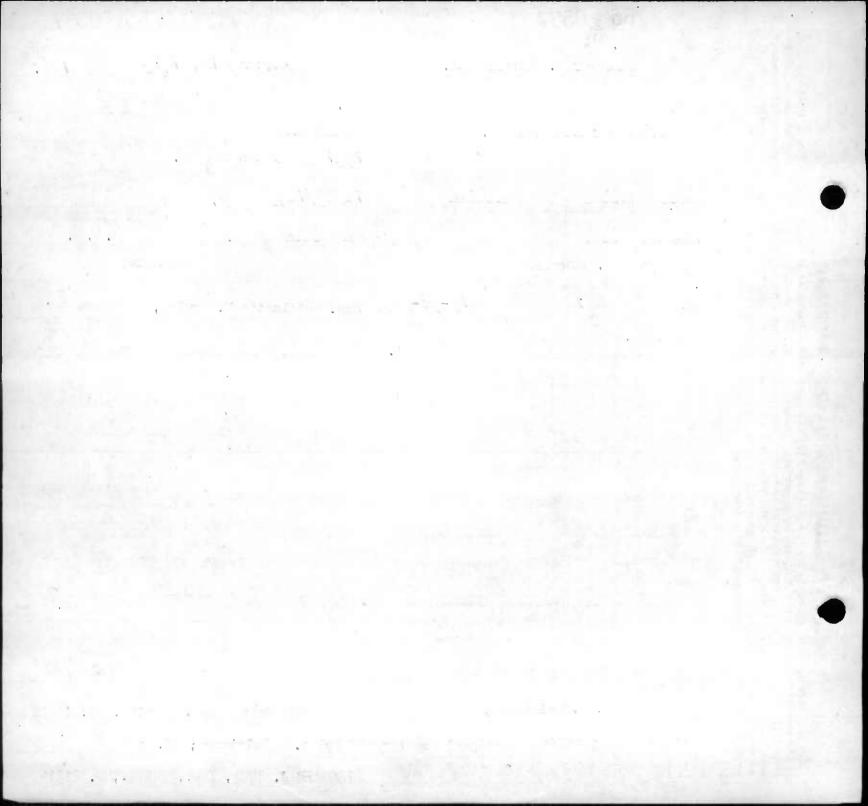


this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital	ased to the hospital by a medical examiner. Also, if the direct or contributing cause of do	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Dece	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on	death); and (6) No physician was in regular attendance on the deceased prior to death.	
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ifit	he body was relea	1	A.C	eceased prior to	written approval must be obtained before the remains are embalmed or final disposition is made.
Her.	po	) :5	D.C	950	9
iis c	e b	30	SID	900	=
T	th	sh	3	de	3

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) yan. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before B. COUNTY (Il not in hospital at institution, give street Ma. HOSPITAL OR address or location) C. CITY OR TOWN (If autside city limits, write RURAL and give township) Baltimore Union Memorial Hospital D. STREET ADDRESS (If rurol, give location Northern Parkway 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH ROS 9. AGE (In years If Under 1 Yr. If Und Manths Days Hours If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy) Married 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? Housewite Michigan 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Maude Selleck James Dagwell 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL (Yes, na or unknawn) (If yes, give war ar dates of service) SECURITY NO. S. Allen Weber same CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl failure, asthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? Yes or No. 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? (If in Baltimare City, give exact location) DEATH (natify medical examiner) More Moul MEDI 21 D. TIME (Manth) (Day) (Year) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Wark 22. I certify that (1) (this hospitel) attended the deceased from Low 196 that (I) (we) last sow the deceased alive on... ond that in (my) four) opinion death accurred on the date ond hour ond from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE Attending Phys. Med. Stoff Director L 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION. REMOYAL (Specify) Moreland Memorial VS 150-REV. 1/1/65

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and hebre the physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remaining an approved must be obtained before the remaining and approved must be obtained before the remaining the physician was an approved and the deceased prior to death); and the deceased prior to death a prove the deceased prior to death a proved the deceased prior to the

65 0557	BALTIMORE CIT	HEALTH DEPARTMENT		CE OFFE
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No	65 0557
I. NAME OF DECEASED	/ C.	1 ()	HOUR OF DEATH	06F n
Joseph 71. No	wley Ir.		ry 12, 19	05 1 P.
3. PLACE OF DEATH IN BALTIMORE, MARYLAN  FULL NAME OF (If not in hospital or ins HOSPITAL OR address or location)		Md. B. COUNT	37	stitution: residence before odmission
Union Memorial H	losp.	Baltimore		once one give township,
		1331 (edarcr	oft Kd.	
Male White ".	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify) Married	10/23/1895 "	AGE (In years ast birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, I done during most of working life, even if retired)  Postal (Lerk	(IND OF BUSINESS OR INDUSTRY	Maryland		12. CITIZEN OF WHAT COUNTRY?
Joseph S. Rowley		14. MOTHERS MAIDEN NAM		vrdon
1S. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give war or dates of s	16. SOCIAL 217-38-763	Mrs. Antoinett	e T. Rowley	Same
18. 4 20:11	CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	Y		1 1	onser and bearing
LEADING TO DEATH (This does not mean the made of dying	(A) C	oronam the	scrutous	5 minutes
heart failure, asthenia, etc. It means the a	lisease,	¢/		
injury or camplication which caused death	n.)	novem inon	Licuras.	ALD AND
ANTECEDENT CAUSES	DUE TO	The state of the s	- went	Joy Court
DISEASES OR CONDITIONS, if any, rise to the above cause (A) statis UNDERLYING CONDITION tast.		·		
ONDERCTING CONDITION 1881.				
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	RIBUTING TO THE			
19A. DATE OF OPERATION 198. CONDITION WAS PERFORM		20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Day) (Year) (Ho	ur) 21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
S (APPROX.)	While At Not Whi			
	Work At Work			70.5
22. I certify that (I) (this-hospitol) atte	T			19 65
that (I) (we) last sow the deceased oli	ve on DOC (	19 9 ) and that	in (my) (our) opin	nion deoth accurred on the do
and hour and from the couses stated at	ove. (I) (We) (did) (did not)	view the body ofter deoth.		
23A. SIGNATURE				23 B. DATE SIGNED
XY Talm	Saus M.D. Att	ending Med. S S. Director P	toff hys.	1/12/65
23 C. PHYSICIAN'S		23D. ADDRESS		
NAME (Type)	M.D.	0000 7 . 5		
J. F. Palmi:	24C. NAME of CEMETERY OF CR	6608 Loch Ray	en Blwd.	Balto Md. 21212
REMOVAL (Specify)				
BURIAL 1/15/65	National Cemeter		Ltimore, Md	
1511 d o 4005 A	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
JAN 18 1965 P. O. B. E	Farley M.O.	LEONARD J. RU	CK, INC., F	BALTO., MD. 21214
VS 150-REV. 1/1/65				



BALTIMORE CITY HEALTH DEPARTMENT

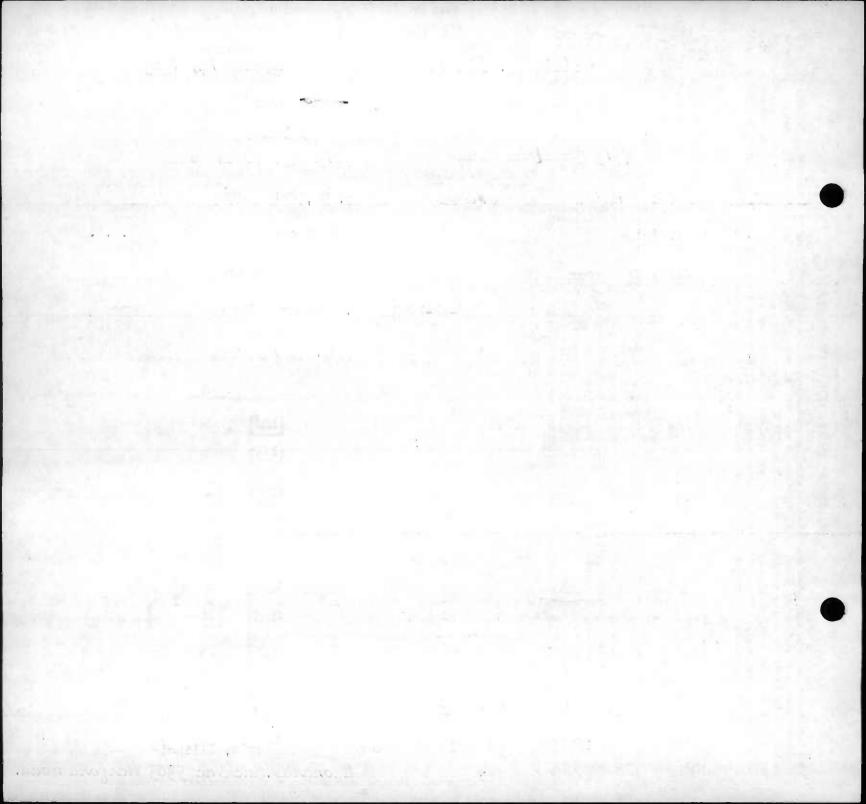
	AME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
	e or Print) Charles P.	Kirbu	Janu	ary 15, 19	165 1 6 A. A
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	0	4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived. If i	nstitution: residence before admission
1	ULL NAME OF (If not in hospital or institu IOSPITAL OR address or location) NSTITUTION	tion, grve street	C. CITY OR TOWN (IF o	utside city limits, write	RURAL and give township)
			Baltim	ore	The same of the sa
	4848 Pimlico Re	pad	4848 Pimli	co Road	<b>海衛</b> 尼亞(1000)
5. S		RIED, NEVER MARRIED OWED, DIVORCED (specify)  married	B. DATE OF BIRTH  ()ec 20.1882	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIN		Y 11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
	atchman Hopkins Hosp	ital	Maryland		U.S.A.
	TATHERS NAME		14. MOTHER'S MAIDEN NA	AME	
	Samuel Kirby		Mary Lawren	ce	
	Nos Deceased Ever in U. S. Armed Forces? ,no or unknown)(If yes, give wor or dates of serv	1 6. SOCIAL	17. INFORMANT		ADDRESS
163	, no or unknown till yes, give wor or ones or serv	SECURITY NO.	Eleanor R.	Kinhu	same
	18. / 5 = 1	215-42-1339 CAUSE (	OF DEATH	rucug	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		-9	110	ONSET AND DEATH
	LEADING TO DEATH	(A)	as conoma of	Colon	Since Sept 196
	(This does not mean the mode of dying, heast failure, asthenia, etc. It means the disc	e.g., DUE TO	ias cinoma of	111 11	,
	injury ar camplication which caused death.)	CI	neurum of 1	Edominal Am	Ta "
	ANTECEDENT CAUSES	DUE TO			
	DISEASES OR CONDITIONS, if any, gi				
	UNDERLYING CONDITION last.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
CA	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or N	10) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
IFI			NO.		
CERTIFI	21 A. ACCIDENT WAS UNDERLYING	218 PLACE OF INITIRY (e.g.	in or about 21C WHERE DID	(If in Boltimo	e City rive exact Incotion)
AL	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	e City, give exoct locotion)
EDICAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)	home, form, foctory, street, o	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	2.	e City, give exact location)
DICAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, cetc.)  21E. INJURY OCCURRED  While At Not Whi	office bidg., INJURY OCCUR?	2.	e City, give exoct locotion)
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	home, form, foctory, street, cetc.)  21E. INJURY OCCURRED  While At Not White At Work	office bidg., INJURY OCCUR?	JURY OCCUR?	
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attence	home, form, foctory, street, cetc.)  21 E. INJURY OCCURRED  While At Not White At Work  led the deceased fram	office bldg., INJURY OCCUR?	JURY OCCUR?	1965
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive	home, form, foctory, street, cetc.)  21 E. INJURY OCCURRED  While At Not White At Work  Not Work  At Work  At Work	21 F. HOW DID IN	JURY OCCUR?	1965
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive and haur and from the causes stated above	home, form, foctory, street, cetc.)  21 E. INJURY OCCURRED  While At Not White At Work  Not Work  At Work  At Work	21 F. HOW DID IN	JURY OCCUR?	1965 inian death occurred an the do
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive and haur and from the causes stated above 23A. SIGNATURE	home, form, foctory, street, cetc.)  21E. INJURY OCCURRED  While At Not White Mark North Not Work  Not White Mark North	21F. HOW DID IN ile	JURY OCCUR?  19 #6 ta // hat in(my) (aur) ap	1965
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Manth) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive and haur and from the causes stated above 23A. SIGNATURE  Samuel Manuel Man	home, form, foctory, street, cetc.)  21E. INJURY OCCURRED  While At Not White Mark North Not Work  Not White Mark North	21F. HOW DID IN  21F. HOW DID IN  19 5 and t  view the bady after death  tending Med. pirector	JURY OCCUR?	1965 inian death occurred an the da
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive and haur and from the causes stated above 23A. SIGNATURE	home, form, foctory, street, cetc.)  21E. INJURY OCCURRED  While At Not White Mark North Not Work  Not White Mark North	21F. HOW DID IN ile	JURY OCCUR?  19 #6 ta // hat in(my) (aur) ap	1965 inian death occurred an the do
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Manth) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE  SAMUL MANY NAME (Type)  SAMULL  BURIAL CREMATION, [248. DATE]	home, form, foctory, street, cetc.)  21E. INJURY OCCURRED  While At Not White At Work  led the deceased fram  an	21F. HOW DID IN ile	JURY OCCUR?  19 # ta // hat in(my) (aur) ap  Stoff Phys.  LOCATION (C	238. DATE SIGNED  238. DATE SIGNED  238. DATE SIGNED  338. DATE SIGNED  348. DATE SIGNED  (Stote)  (Stote)
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Manth) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive and have and from the causes stated above 23A. SIGNATURE  SAMUL MANS NAME (Type) SAMULL  BURIAL CREMATION, 24B. DATE  REMOVAL (Specify)	home, form, foctory, street, cetc.)  21E. INJURY OCCURRED  While At	21F. HOW DID IN ile	JURY OCCUR?  19 # ta // hat in(my) (aur) ap  Stoff Phys.  LOCATION (C	238. DATE SIGNED  238. DATE SIGNED  238. DATE SIGNED  338. DATE SIGNED  348. DATE SIGNED  (Stote)  (Stote)
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  SAMUEL  BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  BURIAL CREMATION, 24B. DATE  24  1/18/65	home, form, foctory, street, cetc.)  21E. INJURY OCCURRED  While At Not White Man Work  led the deceased fram  on 1/4  ve. (1) (We) (did) (did not)  M.D. Att Phy  M.C. NAME of CEMETERY or CR  Lorraine  ME OF REGISTRAR	21F. HOW DID IN  ile   19 5 and t  view the bady after death  tending Med. pirector   23D. ADDRESS  REMATORY  25C. FUNERAL DIRECTO	JURY OCCUR?  19 46 ta // hat in(my) (aur) ap  Stoff Phys.  LOCATION (C. Baltimore)	inian death occurred an the do

Such

	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	55 0550
I, NAME OF DECEASED			HOUR OF DEATH	70000
(Type or Print) Nellie	C. Filson		14. 14. 196	55 1 11 P.
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	ND ND	4. USUAL RESIDENCE (Where d		tution: residence before admission
FILL MANS OF MICH. S. L.	***	- Maruland	2)	7-3
FULL NAME OF (If not in hospital or ins HOSPITAL OR oddiess or location)	mution, give street	C. CITY OR TOWN (If autside	e city limits, write RU	RAL and give township)
INSTITUTION		Baltimore		
4913 (atadph	ha Road	D. STREET ADDRESS (II ruto	l, give location)	
	ια ποαα	4913 (atay	pha Road	
5. SEX 6. RACE 7. M	ARRIED, NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In yeors birthdoy)	If Under 1 Yr. If Under 24 Hrs Months: Days Hours Min.
temale white	wodowed		83	
done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
Dietician		Illinois		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Ismag Vandorson		Mary Swearing	en	
James Vandeveer  15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of s	16. SOCIAL	17. INFORMANT	CII	ADDRESS
tres, no or daknown in yes, give wor or doles or s		26 T 794.3		Cama
18. / 75. 0	330-18-1205 CAUSE O	Mr. Lawrence Fil	son	Same
DISEASE OR CONDITION DIRECTL		1 18 1	2 2	ONSET AND DEATH
LEADING TO DEATH	(A) Isit	Estimal Work	Truck in	3 days
(This does not mean the mode of dyin heart failure, ostherio, etc. It means the				
injury or complication which caused death		- Ci - (7	1 1-1:	17/10-
ANTECEDENT CAUSES	DUE TO	Cara Jaca Car	Vice of	1 years
DISEASES OR CONDITIONS, if ony,				
rise to the above couse (A) statis UNDERLYING CONDITION lost.	ng the (C)			
11				
OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING			
DISEASE OR CONDITION CAUSING IT.				
198. CONDITION 198. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 2	N CERTIFYING CAUS	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	21 B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore C	City, give exact location)
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	home, lorm, foctory, street, o	lfice bldg., INJURY OCCUR?		910 01011 10001011
21D. TIME (Month) (Doy) (Year) (Ho		215 11014 DID 111110	0.0.011110	
S OF INJURY	While At Not While	21 F. HOW DID INJURY	OCCUR?	
(APPROX)	Work Al Work			
22. I certify that (1) (this hospital) atta			to 1- /6	7-45 19
that (1) (we) lost saw the deceased ali	ve an 1-12-45	19ond that	n(my) (our) opinio	an death occurred on the da
and hour and from the causes stated a	bove. (1) (We) (did) (did not) v	riew the body ofter deoth.		
23A. SIGNATURE	/			B. DATE SIGNED
G.W. Lea	M.D. Atte	ending Med. Sto Phy		1-15-65
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		101
C.W. H	EAKE M.D.	4508 Hours	med Red	Pretto 14 )
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CR	EMATORY 24D/LOC	ATION (City,	town, or county) (Stote)

BURIAL
25A. DATE REC'D BY HEA
JAN 18 1965 VS 150-REV. 1/1/65

1/19/65 Odd Fellows Cometery Xenia, Illinois ADDRESS Leonardf. RuckInc 5305 Harford Road.



IMPORTANT FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH BIRTH NO. 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE
B. COUNTY MORE (If autside city limits, write RURAL and give township) If Under 1 Yr. Manths: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S. CATON AVES. ST AGNES HOSPITAL RECORDS. WILKINS ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that In(my) (aur) apinion death accurred an the date 23 B. DATE SIGNED 1-13-65 (Stote) (City, town, or county) 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR ulu 210 VS 150-REV. 1/1/65

and the late of the same

VS 150-REV. 1/1/65

	- 0504	BALTIMORE CIT	TY HEALTH DEPARTMENT		CF 8=0:
	5 0561	CERTIFICA	ATE OF DEATH	Registered No.	65 0561
M.E. CASE NO.	CEASED		2. DATE AN	ID HOUR OF DEATH	
(Type or Print)	MACK ROS	EMOND	Jame	ary 13, 196	5
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		re deceased lived. If i	nstitution: residence before admission)
FULL NAME HOSPITAL OR INSTITUTION	oddress or locotion		Maryland c. CITY OR TOWN (IF our Baltimore	Iside city limits, write	RURAL and give township)
	University	y Hospital		rurol, give locotion)  Avenue	1000
5. SEX Male	6. RACE Colored	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	B. DATE OF BIRTH 12-2-1882	9. AGE (In years lost birthday) 82	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	of working lile, even if retired)	Glass Co.	Greenville, S.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NA	AME		14. MOTHERS MAIDEN NA	ME	
Perry	Rosemond		Mary Ladd		
15. Wos Deceose	ed Ever in U. S. Armed For	ces? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	give wor or dole	217-05-7612	Marie Smith -	1803 E. Ch	ase Street
18. // /	0,01	CAUSE	OF DEATH	1	INTERVAL BETWEEN
UN DERLYIN	OR CONDITIONS, if the abave couse (A) IG CONDITION lost.  II NIFICANT CONDITIONS CONDITI	ONTRIBUTING			
	OF OPERATION 19B. CON WAS PER	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIE	ENT WAS UNDERLYING DEBUTING CAUSE OF		, in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimor	e City, give exoct locotion)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED  While At  Not WI  Work At Wo		URY OCCUR?	
	y that (1) (this hospital	) attended the deceased from		19ta ot fn(my) (our) opi	1) 8 19 65 inion death occurred an the data
ond haur or	nd fram the couses sto	red above. (1) (We) (did) (did not)	view the body after death.		
28A. SIGNAT	URE K	trant M.D. A	ttending Med.	Stoff Phys.	23B. DATE SIGNED
23C. PHYSICI NAME	J. Preston		23D. ADDRESS		Balto. Md.
24A. BURIAL CR	EMATION, 248. DATE	24C. NAME of CEMETERY or C			ity, town, or county) (State)
Burial	(Specify)	Arbutus Memori	Be Be	altimore, M	arvland
	D BY HEALTH DEPT	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	1	ADDRESS
	COEL & T NIME	Olobert E. Jarkey M.	Charles R. L	aw 802 Mad	ison Ave.

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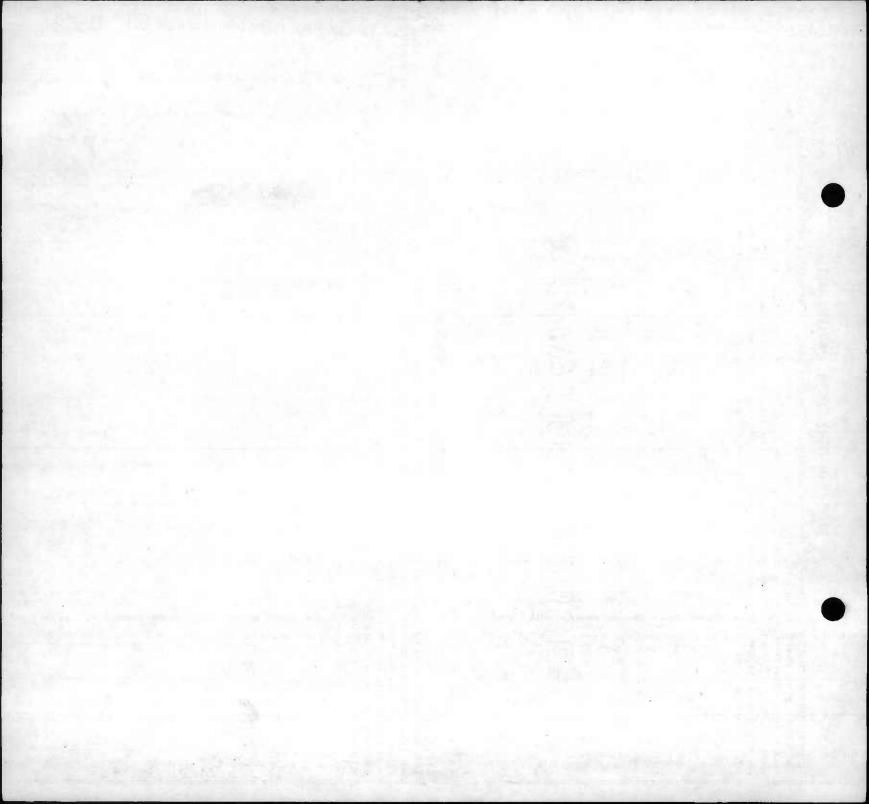
by the chief medical

This certificate must be approved

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I to the hospital by a medical examiner. Also, if the direct or contributing cause of death	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	al (except where the physician who pronounced death was in regular attendance on the	th); and (6) No physician was in regular attendance on the deceased prior to death. Such	be obtained before the remains are embalmed or final disposition is made.
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the body was released	2	was D.O.A. at a hospite	eceased prior to deat	written approval must
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BALTIMORE CITY HEALTH DEPARTMENT / Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH Type or PrintMRS JANUARY MARY ANN PARENT 14,1965 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before odmission)
A. STATE & COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospita) or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION 22 D. STREET ADDRESS (If rurol, give location 5. SEX 7. MARRIED NEVER MARRIED AGE (In years 6. RACE 8. DATE OF BIRTH If Under 1 Yr. Months: Doys II Under 24 Hrs. WIDOWED, DIVORCED (specify) fost birthday) Hours 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) . BIRTHPLACE (State or loreign country) 12. CITIZEN OF done during most of working life, even if retired) 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 7. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN 3 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made at dying, e.g., DUE heart failure, astheria, etc. It means the disease, injury at complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? (II in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) etc.) MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While [ (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an ond that In(my) (aur) opinion deoth accurred on the date and have and from the causes stated above. (1) (We) (dld) (did not) view the bady after death. 23A. STGNATURE 23 B DATE SIGNED Attending Stoll M.D. Med. Phys. Director Phys. 23C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) NIEVA M.D. 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specily) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65



## This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

0500	BALTIMORE CITY	HEALTH DEPARTMENT		65 0500
BIRTH NO. 65 0563	CERTIFICA	TE OF DEATH	Registered Na	65 0563
(Type or Print) Mr Robert	Lohmy	A	HOUR OF DEATH	9-20 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	V	4. USUAL RESIDENCE (Where A. STATE B. COUNT)	deceosed lived. If ins	titution: residence before admission)
FULL NAME OF (If not in hospital or institution, HOSPITAL OR oddress or location)	give street	140		URAL ond give township)
Church Home & 1	Hosp.	Beltimo	ie 31	
		2019 E	astern	ave
	D. DIVORCED (specify)	12-18-1886	AGE (In years st birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
tOA, USUAL OCCUPATION (Give kind of workings, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign	country)	12. CITIZEN OF WHAT COUNTRY
done during most of working me, even it remed)	threa	Md.		USH
Robert Lohnye	~	14. MOTHERS MAIDEN NAM	et w-	eber.
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown)(II yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	713-34-2503	IHELMA SMIT	H 2107E	ASTERN AVE
18. 33/XI	CAUSE O	F DEATH	T- 1-	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	P.	+ Hemips	0.0.0	10 do
(This does not mean the made of dying, e.g.,	DUE TO			12 000 7
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	10	0	P	
ANTECEDENT CAUSES	(B) DUE TO	rebrovas cula	Lemon	rhofee
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(C)			
UNDERLYING CONDITION lost.	(6)	<b>30.000.000 00.000</b> an a rama na rama na rama na rama ngo na greeda.	** ***********************************	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	G E			
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING 21 B.	e, form, foctory, street, of	or obout 21C. WHERE DID	(If in Boltimore	City, give exoct locotion)
21D-TIME (Month) (Doy) (Yeor) (Hourl 21E.	INJURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?	
(APPROX.) Whi	ile At Not While			
22. I certify that (I) (this hospital) ottended th		1-3-65 19	ta(	- 15-63 19
that (I) (we) lost saw the deceased olive an	1-15-63	19 and that	in (my) (aur) opini	Ion death occurred on the date
and hour and from the causes stoted above, (I	) (We) (did) (did not) v	iew the bady after death.		
23A. SIGNATURE	De		1.	23B. DATE SIGNED
Chitome Call		Director Pl	nys.	173 - 23
23C. PHYSICIANS NAME (Type) AN TOINE ARR	999 E M.D.	Church	Home	2 Hosp.
24A. BURIAL CREMATION, 24B. DATE 24C.NA REMOVAL (Specify)	AME of CEMETERY OF CRE	MATORY 24D. LOC	CATION (City	, town, or county) (Stote)
BURIAL 1-19-65 PAK		DETERY 134	LIIMORE (	O MD
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME C	OF REGISTRAR	John M. Web	er & Sons	Inc. ADDRESS
VS 150-REV. 1/1/65	C. ACHOOM IN	401 S. Ches	ter St	

Robert E. Jake M.A

John M. Weber & Song Inc.

401 S. Chester St

VS 151-REV. 1/1/65

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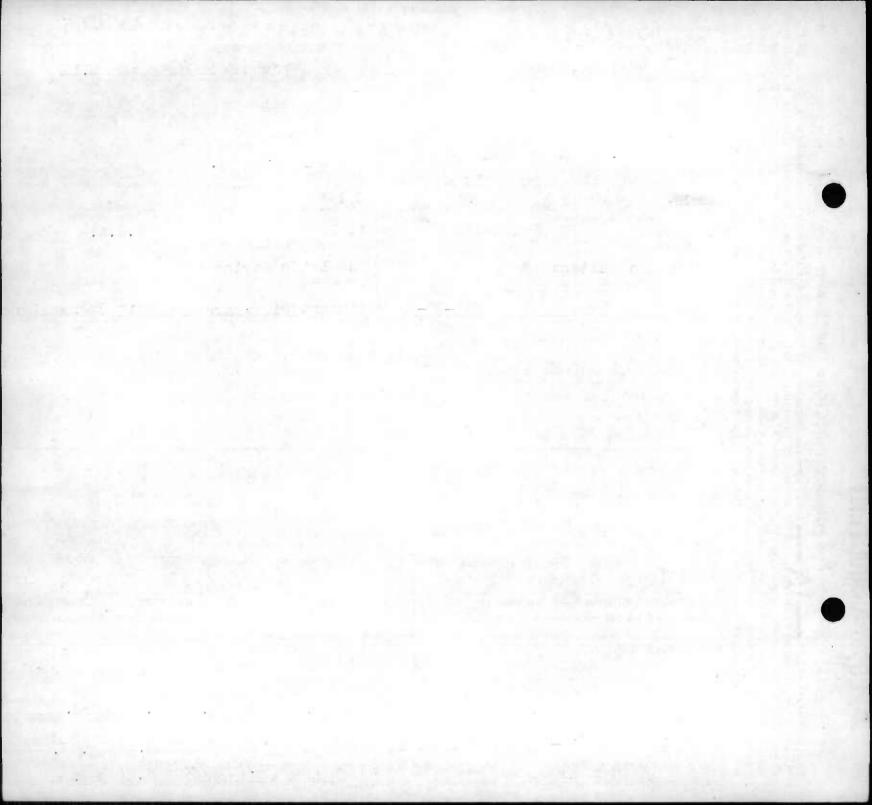
and (6) No physician was in regular attendance on where the physician who pronounced

was D.O.A. at a hospital (except

SPITAL OR oddress or locolic	ARYLAND  I or institution, give street	4. USUAL RESIDENCE (WA. STATE B. CO  Maryland C. CITY OR TOWN (II	l	
LL NAME OF (II not in hospitol oddress or locolid	ARYLAND  I or institution, give street	Maryland	l	institution; residence before odmiss
SPITAL OR oddress or locolic	l or institution, give street on)	Maryland	1	3-02
SPITAL OR oddress or locolic	I or institution, give street on)			
			outside city limits, write	RURAL and give township)
C4 71		Baltimo		
		D. STREET ADDRESS		
St. Joseph	Hospital	1015 Sti	iles St.	
6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	B. DATE OF BIRTH	9. AGE (In years	Months: Doys Hours Mi
white		1/13/95	lost_birthdoy)	Widness Boys (10013)
SUAL OCCUPATION (Give kind of wor	ork 108, KIND OF BUSINESS OR INDUSTR		loreign country)	12. CITIZEN OF WHAT COUNTRY?
uring most of working life, even if retired)	Housewife	Italv		U.S.A.
THER'S NAME			NAME	0 * 10 * 25 *
	116 202111		MOLINO	ADDRESS
o orunknown) (II yes, give wor or do	etes of service) SECURITY NO.	IV. INFORMANT		ADDRESS
no	213-20-424	9 Vincent Di	Paetro (Son	n)3915 Brehms I
157XI	CAUSE	OF DEATH	obs.	INTERVAL BETWEEN ONSET AND DEATH
INDERLYING CONDITION IOSI.  II  OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING			
TO THE DEATH BUT NOT REL	LATED TO THE			
A. DATE OF OPERATION 198. CO	NDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WER	E FINDINGS CONSIDERED
0		no		
A. ACCIDENT WAS UNDERLYING TO R CONTRIBUTING CAUSE OF EATH (notify medical examiner)	21B PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	office bldg., INJURY OCCUR	(If in Boltime	ore City, give exact location)
	Hour 21E, INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
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and (1) (was lost any the deser-	and clive on January 16	60		
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	ated abaye. (I) (We) (did) (did nat)	view the bady after deat	in.	23B, DATE SIGNED
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BA. SIGNATURE 9 9.50	RPIAN M.D. A	Attending Med.		
9.950	egis M.D. A	hys. Director	Phys.	January 16 196
3C. PHYSICIAN'S NAME (Type)	P	23 D. ADDRESS		January 16 196
GLOPHYSICIAN'S NAME (Type) Gloerito	G. Sagisi M.I	23D. ADDRESS D. 1100 N. Caro	oline St. Bal	lto. 21213 Md.
3C. PHYSICIAN'S NAME (Type)	, M.	23D. ADDRESS D. 1100 N. Caro	oline St. Bal	January 16 196  to 21213 Md. (City, fown, or county) (Stot
SUULT I	Incenzo Juliano  Deceased Ever in U. S. Armed Forunknown)  DISEASE OR CONDITION D LEADING TO DEATH his does not mean the made of the confliction which couse ANTECEDENT CAUSE  INCENZO JULIANO  DISEASE OR CONDITION D LEADING TO DEATH his does not mean the made of the couse of the	INAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTIVING most of working life, even if retired)  REWITE  INCENZO JULIANO  Decased Ever in U. S. Armed Forces? FOR CONDITION DIRECTLY LEADING TO DEATH  his does not meen the made of dying, e.g., roal failure, asthenia, etc. It meens the disease, jury ar complication which coused death.)  ANTECEDENT CAUSES  ISEASES OR CONDITIONS, if any, giving the late above cause (A) stoling the NDERLYING CONDITION ISS.  INCENTIFICANT CONDITIONS CONTRIBUTING OF THE DEATH BUT NOT RELATED TO THE ISEASE OR CONDITION CAUSING IT.  A. DATE OF OPERATION  A. ACCIDENT WAS UNDERLYING TO THE STORY CONTRIBUTING TO CAUSE OF THE STORY CONTRIBUTING TO COURSE OF THE STORY CONTRIBUTING TO CAUSE OF THE STORY CONTRIBUTING TO CAUSE OF THE STORY CONTRIBUTING TO COURSE OF THE STORY CONTRIBUTING TO COURSE OF THE STORY CONTRIBUTION TO THE STORY CONTR	IVAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or irring most of working life, even if retired)  ISE-WIFE  HOUSEWIFE  HOUSEWIFE  TLALY  THERS NAME  I.4. MOTHERS MAIDEN I  Adelaide I  Adelaide I  Adelaide I  SECURITY NO.  213-20-4249 Vincent Di  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  his does not meen the mode of dying, e.g., roury or complication which coused death.)  ANTECEDENT CAUSES  ISEASES OR CONDITIONS, if any, giving is latended the deceased from  A. ACCIDENT WAS UNDERLYING OALSEN OF CAUSE OF DEATH  THER SIGNIFICANT CONDITIONS CONTRIBUTING OALSE OF OPERATION WAS PERFORMED  A. ACCIDENT WAS UNDERLYING OALSE OF CAUSE OF CAUSE OF CONDITION CAUSING IT.  A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION  A. ACCIDENT WAS UNDERLYING OALSE OF CAUSE OF CAUSE (Hour)  A. ACCIDENT WAS UNDERLYING OALSE OF CAUSE (Hour)  A. COURTED OALSE OF CAUSE OF CAUSE (Hour)  A. ACCIDENT WAS UNDERLYING OALSE OA	INAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) ring most of working life, even if retired)  HOUSEWIFE

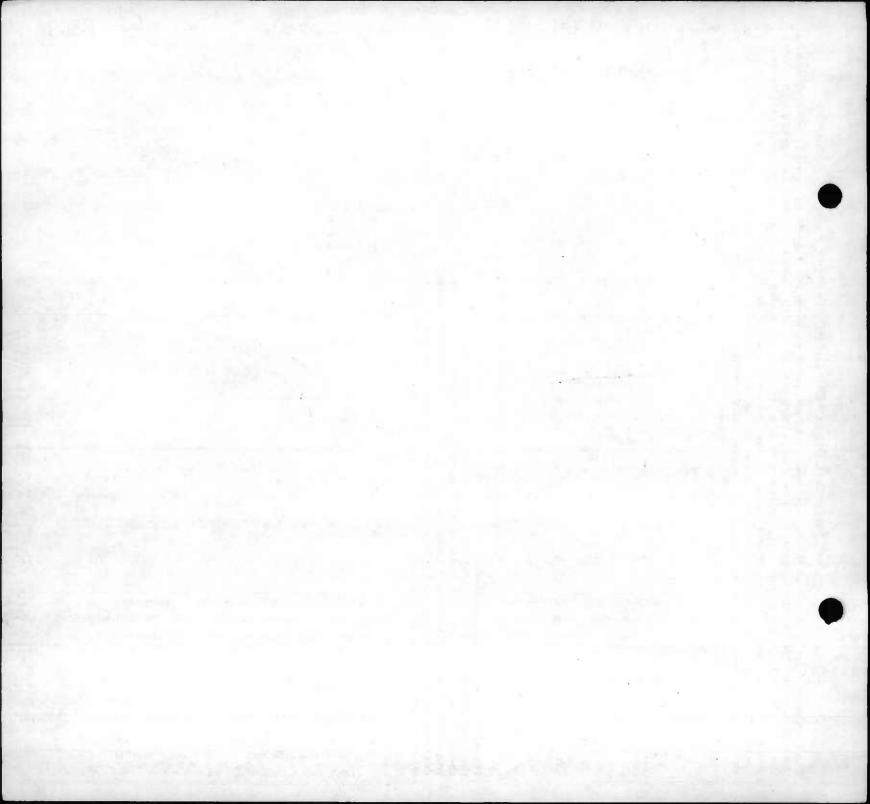
and haur and from the causes stated above. (I) (We) (did) (did nat) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Stolf Phys. Med. Director Attending Phys. M.D. January 16 1965 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE Sagisi 1400 Caroline St 1to. 21213 1 (City, town, or county) (Stote) Burial 1/20-65 Holy
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME 92 R

JAN 18 1965 Policy Redeemer 250. FUNERAL DIRECTOR Belair S. High VS 150-REV. 1/1/65



CERTIFICATE OF DEATH BIRTH NO. pital and of death Such Deceased on the M.E. CASE NO. I. NAME OF DECEASED (Type or Print) Jan nomas ohn death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND B. COUNTY ance (2) W. Lanuale 503 cause FULL NAME OF (If not in hospital at institution, give street HOSPITAL DR oddress or locotion (4) Undetermined cause; attend INSTITUTION 0 prior contributing D. STREET ADDRESS 503 W. Lanuale 0 hanvale regular O 9. AGE (In years lost birthdoy) 7. MARRIED, NEVER MARRIED 5. SEX 8. DATE OF BIRTH eceased BE WIDOWED, DIVORCED (specify) Widowed Colored 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY PLACE (State or foreign country) disposition death done during most of working life, even if retired) = Ketred
13. FATHERS NAME WOS 14. MOTHER'S MAIDEN NAME the E O death kind; 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service SECURITY NO. attendance 221-03-3283 Williams any pronounced 10 OF DEATH DISEASE OR CONDITION DIRECTLY So, med of LEADING TO DEATH fracture (This does not meon the made of dying, e.g., embal heart foilure, osthenio, etc. It meons the diseose, ar examiner. injury or complication which caused death.) regu ANTECEDENT CAUSES ho are DISEASES OR CONDITIONS, if any, <u>ල</u> rise to the above cause (A) stating the UNDERLYING CONDITION last. before the remains chief medical physicia MOS medical CERTIFICATION DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE DR CONDITION CAUSING IT. (2) Body 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION the O WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? where °Z hospital DEATH (notify medical examined etc.) any nature; MEDI obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved OF INJURY (except While At Not While I (APPRDX) Al Work Work and to the 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost saw the deceased alive an. .19... pe eath) of hospital must and hour ond from the couses stoted obove. (1) (We) (did) (did nat) view the body after death. the body was released accident 23A. SIGNATUR O Attending Phys. M.D. Med. Stoff 10 Director L Phys. approval ō 23C. PHYSICIAN'S 23D. ADDRESS prior to NAME (Type) An M.D. D.O.A. 24A. BURIAL CREMATION, eceased CEMETERY OF CREMATORY REMOVAL (Specify) written shows: 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered Na.. 2. DATE AND HOUR OF DEATH 65 RESIDENCE (Where deceosed lived. If institution: residence before admission) (If outside city limits, write RURAL and Maryland (If rurol, give location) If Under 1 Yr. If Under Months Doys Hours If Under 24 Hrs. 12. CHIZEN OF WHAT COUNTRY? 15,A 1homas ADDRESS 13th l'lace INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in(my) (our) opinion death occurred on the date 23B. DATE SIGNED



BALTIMORE CITY HEALTH DEPARTMENT	

	65	UDO/	CALEV	A AAIN LED'C CE	DTIELCATE C	DEATH.	-65 0.	567
	H NO.	C03-1	CALEX	AMINER 5 CI	EKTIFICATE	OF DEATH Registe	ered No.	
1.	L CASE NO.	2 1 22 1			2. DA1	E AND HOUR PRONOUNC	ED DEAD	
(Ty	oe or Print)		FRANK	MARSH	17/4	1/12/65	11:40	pl
3. P	LACE IN BAL	TIMORE, MARYLAND, W				Where deceased lived. If inst	itution: residence befor	1711
HO	L NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOWN THE	nd outside corporate limits, write		vnship)
INS	TITUTION				n-1+t-	10114	110	3
					D. STREET ADDRESS	rurol, give location)		
		Maryland (	leneral	Hospital	212 W.	Monument St.		
5. S	EX	6. RACE	7. MARRIED,	NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr, If U Months, Doys, Ho	
	male	white	Marri		Nov 15.19	10		
	USUAL OCC	CUPATION (Give kind of work f working life, even if retired)					12. CITIZEN OF WHAT COUNTS	272
GOII	routing most of	working life, even il fellied)	Merch	ant Marine	Union Co	n N C	USA	
13.	ATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME		
	Fr	ank B. Mars	h		Eula Dee:	se		
		ED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT	W.A. Marsh	(Brother)	
				237-26-913		11e, N.C.	(Brother)	
	18.	1 17			OF DEATH	220, 11101	INTERVAL	BETWEEN
	DISE	ASE OR CONDITION DI	NEC'TI V				ONSET A	ND DEATH
	DISEA	LEADING TO DEATH		Fatt	y liver		1/2	
	(This does heart foilur	not meon the mode of e, osthenio, etc. It meons	dying, e.g., the disease,	DUE TO			***********************	
	injury or c	omplication which coused	deoth.)				4	
		ANTECENDENT CAUSE	S	484				
		OR CONDITIONS, IF A		DUE TO				
		ING CONDITION LAST.	A III O THE	401				
o				(C)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Y	OTHER SIG	II GNIFICANT CONDITIONS	CONTRIBUTION	NG				
은	TO THE	DEATH BUT NOT REL	ATED TO T					
CERTIFICATION		F OPERATION 198. CON	DITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WERE FI		)
O	WAS PERFORMED YES IN CERTIFYING CAUSES OF DEATH?							
₹	21 A. EXTERN.	AL CAUSE WAS			n or obout 21C. WHERE	DID (If in Boltimore City, gi	ve exact location)	
EDIC		USE OF DEATH.	etc.)	, form, foctory, street, o	mee blag., INJURY OCCL	J K?		
_	21D TIME	(Month) (Doy) (Year	) (Hour) 2	TE. INJURY OCCURRED	21F. HOW DIE	NJURY OCCUR?		
	OF INJURY (APPROX.)		V	VHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE ORK			
	22.	ertify that I held an I	nquiry 🗌	Inspection Aut	apsy X and that	an this basis, death in n	ny apinian	
		ulted fram: Natural cas		scaldent Suicide		Undetermined mann		
	1030	orica name realization	300	Joieta	CHIEF MEDICA		o,	
	ACTUA	AL LADA		1-1-			DATE	SIGNED
	SIGNA		M-	4 M.D.	ASSISTANT MEDICA		1/12/65	
	HAME	/T \	oitz. M	7	ASSOCIATE MEDICA	L EXAMINER	_//	
	. BURIAL CR			C. NAME of CEMETERY o	CREMATORY	23D. LOCATION (City,	, town, or county)	(Stote)
REA	REMOV	AL,	0 (5			16 - 1 - 1 - 1		
244	DATE REC'	65 Jan	12.65 1	Marshville (	Cemt	Marshville,	N. C.	
		1005		E. Farkey M.A.				
		JAN 18 1965	Thousand	C, doma,	MORGAN	& SON - Mars	shville, N	.C.

VS 151-REV. 1/1/65

MORGAN & SON - Marshville, N.C.

BALTIMORE	CITY	HEALTH	DEPARTMENT

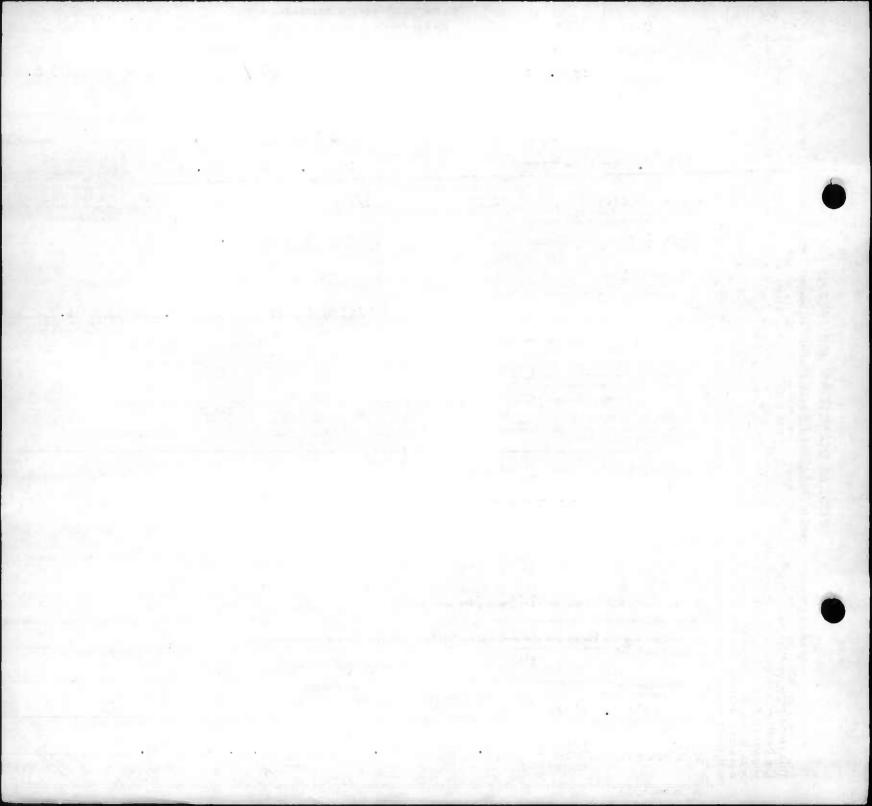
CE OFFO	BALTIMORE CITT	HEALIH DEPAKIMENT		CE OFCO
BIRTH NO. 60 USES	CERTIFICA	TE OF DEATH	Registered Na.	65 0568
M.E. CASE NO.  1. NAME OF DECEASED		DATE	AND HOUR OF DEATH	
(Type or Print)				
Mary E. Goings		1/	14/65	1:05 a.M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (W. A. STATE B. CO	/here*deceosed lived. If i UNTY	institution: residence befare admission)
				7109
FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR address or location) INSTITUTION		Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give lawnship)		
7001 37 0 71 0		D. SIREEL ADDRESS	(If rural, give location)	
1834 N. Caroline Street		1834 N. Caroline St.		
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify		8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs.
***			76	Womins Days Hadrs Willi,
OA. USUAL OCCUPATION (Give kind of work 10 B. KIN		3/10/1888 11. BfRTHPLACE (State or fo		12. CITIZEN OF
lane during mast of warking lile, even if retired)			ording.	WHAT COUNTRY?
Housewife		Caroline Cour	tv Va.	
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
James Wilson		Emma ?		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no ar unknown) (If yes, give war ar dates of sen	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		\$7.2 T	700) 3	0- 3: 0:
118 4 2 2 2 2 2	CAUSE O	Vivian Jarvis	1034 N	Caroline St.
70011	CAUSE O	DEATH	)	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(1	/ * * * * * * * * * * * * * * * * * * *	01000	
	(A) C	nous O	Island-	343.
(This does not mean the mode of dying, heart foilure, asthenia, etc. It means the dis injury or complication which coused death.)				0
	483			The second secon
ANTECEDENT CAUSES	DUE TO	****************		
DISEASES OR CONDITIONS, if ony, g				
rise to the above cause (A) stating UNDERLYING CONDITION lost.	fhe (C)	**************************************		
ONDERETING CONDITION TOST.				
, II				
OTHER SIGNIFICANT CONDITIONS CONTRIB				
DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
E O			IN CERTIFIENCE	AUSES OF DEATH!
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Baltima	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, form, factory, street, of	tice bldg., INJURY OCCUR?		
U				
21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED		21 F. HOW DID f	NJURY OCCUR?	
(APPROX.)	While At Work At Work	e		
20 1 1 1 1 1 1 1 1 1 1 1				)
22. I certify that (I) (this hospital) attend			19 6 2 to	face 14 1965
that (I) (we) last saw the deceased alive	an tee !	2 19 6 5 and	that in (my) (aur) ap	inion death accurred an the date
and haur and fram the causes stated aba-				
23A. SIGNATURE		1000000		23B, DATE SIGNED
1 1 1 1 1 1	M.D. Atte	ending Med.	Stoff	
acces the	Phy:	mding Med. Director	Phy s.	Jan 18-60
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	. 1	Jan 18-65
	M,D.	301-8-	22501	Balto 18 mil
Louis A. Johnson  4A. BURIAL CREMATION, 24B. DATE 22	IC. NAME of CEMETERY OF CRE		LOCATION "	0 10 100
REMOVAL (Specify)	C. NAME OF CEMETERS OF CRE	MATURT 24D.	LOCATION	City, town, or county) (State)
Burial 1/18/65	Mt. Calvary Com	A 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A A County	· Ma

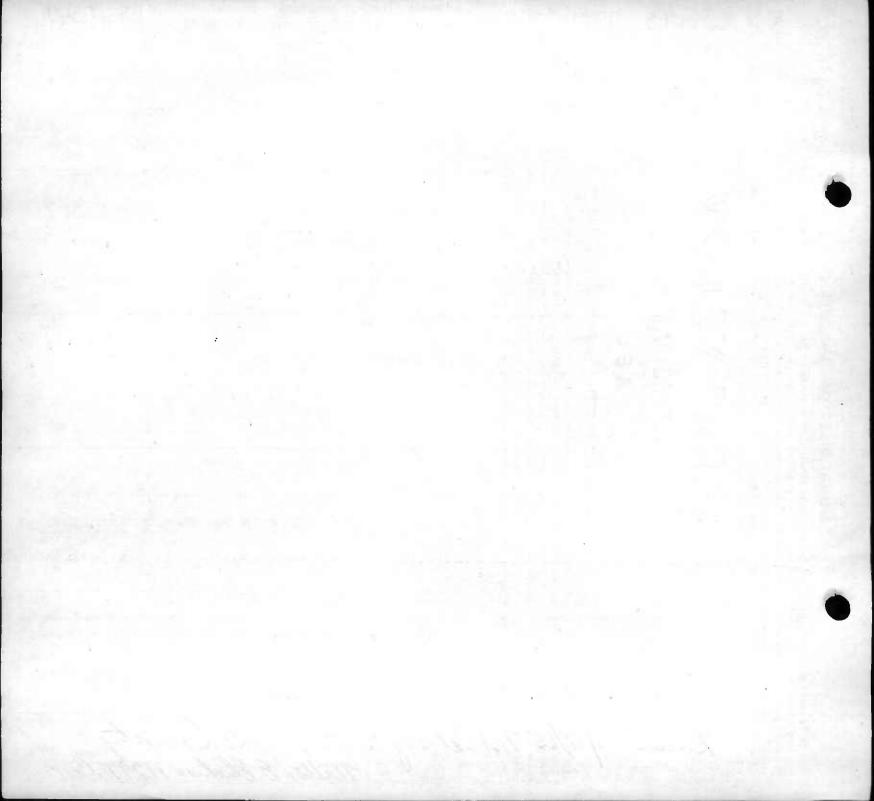
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 1965 3 8

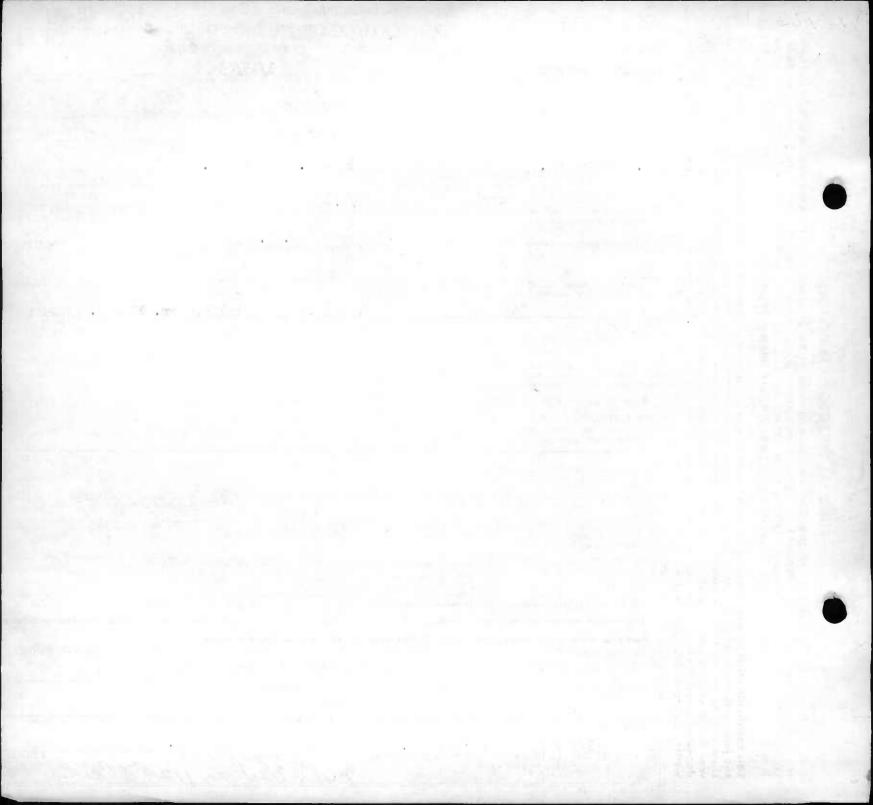
VS 150-REV, 1/1/65

25C. FUNERAL DIRECTOR

liekson 1129 M. Cuelin St.







contributing (4) Undetermined in regular deceased death disposition Was the direct IMPORTANT death 0 or final attendance any pronounced or his embalmed the chief medical examiner regular DIRECTOR: gre physician obtained before the remains physician was FUNERAL 8 to the hospital by 3 where °N nature; 9 and any must be death) hospital the body was released An accident

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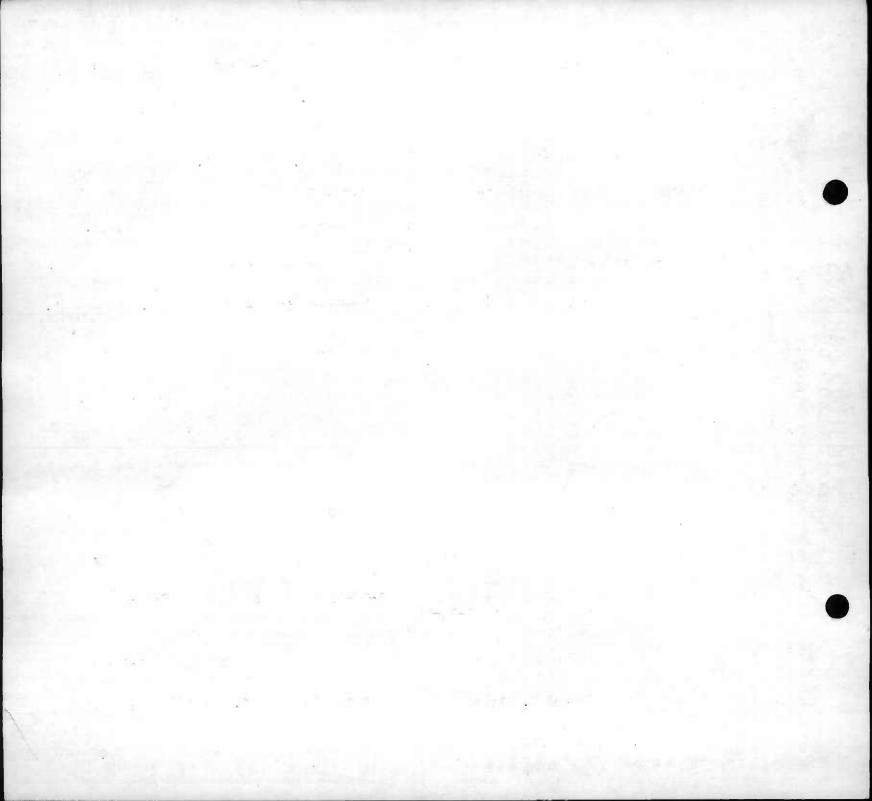
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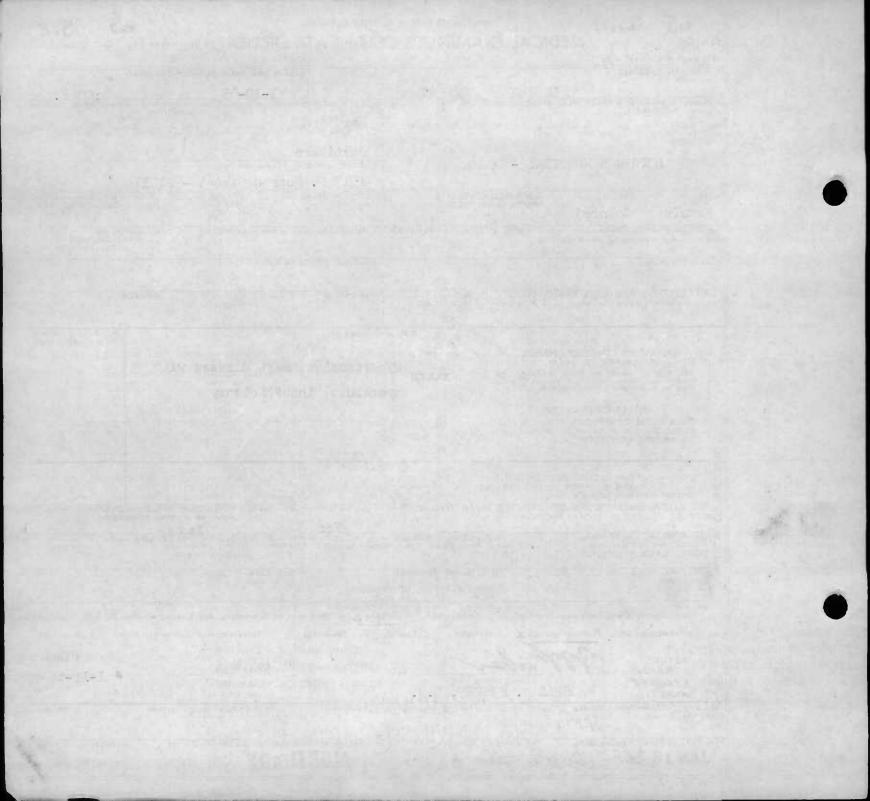
prior

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type ar Print) Baby of Barbara Wilkes 7-73-65 9:30p 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A, STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND Md. FULL NAME OF (If not in hospital at instilution, give street HOSPITAL OR oddress or location) C. CITY OF TOWN (If autside city limits, write RURAL and give lawnship) Bartimore D. STREET ADDRESS (If ruro), give lacation) Provident Hospital 404 N. Girmore St. 5. SEX 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Haurs WIDOWED, DIVORCED (specify) Manths! Doys Male Megro single 7-73-65 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote at fareign caunity) 12, CITIZEN OF done during mast af warking life, even if retired) WHAT COUNTRY? none Marvland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME -Harold Wilkes Barbara Swain 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dotes of service) 17. INFORMANT 6. SOCIAL ADDRESS SECURITY NO. Barbara Whikes-mother 404 N. Girmore St. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Immaturity 7 hrs (This does not mean the mode of dying, e.g., hearl failure, astherio, etc. Il means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimare City, give exact lacotion) home, form, foctory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examiner) (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased fram ... 7-13-65 that (I) (we) lost saw the deceased alive on.... and that In(my) (aur) opinion death accurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 238, DATE SIGNED 7-73-65 Attending Phys. M.D. Med. Stoff written approval Director 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Vincent R. Blake 1574 Division St. Baltimore, Md 24A. BUBLAL CREMATION, 24B. DATE REMOVAL (Specify)

258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. ADDRESS VS 150-REV. 1/1/65



VS 151-REV. 1/1/65



23C. PHYSICIAN'S NAME (Type)

24A. BURIAL CREMATION, REMOVAL (Specify)

SUR I

VS 150-REV. 1/1/65

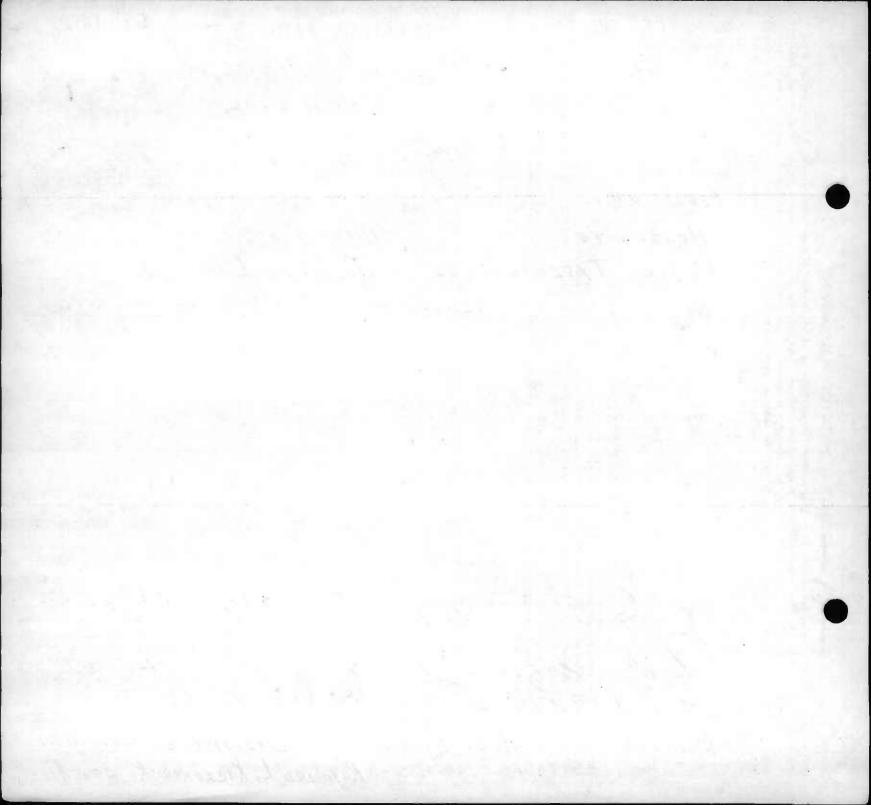
DATE

JAN 18 1965

Such

		BALTIMORE CITY HE	ALTH DEPARTMENT		0= 0===
	BIRTH NO. 65 0573	CERTIFICATE	E OF DEATH	Registered No	65 0573
	M.E. CASE NO.	CERTIFICATI		HOUR OF DEATH	
	(Type or Print) (ECI/IA HAMM	E1 (STIL	11		31 -
1	3. PLACE OF DEATH IN BALTIMORE MARYLAND		NKE) JANUA	deceased lived Il instit	ution: residence before admission)
	The state of beatter in braining make and	Ä.	STATE B. COUNT	1	A South Control of the State of
	FULL NAME OF (If not in hospital or institution, give st	reet	MARYLAN		3
	HOSPITAL OR oddress or location)	C.	0 1	de city limits, write RUF	(AL and give township)
	720 SOUTH LAK		STREET ADDRESS (IT TO	RE	
1		AVE.	_		1
				KEWOOD.	AVE.
	S. SEX 6. RACE 7. MARRIED, NEVE WIDQWED, DIV	R MARRIED ORCED (specify) B. [		AGE (In years It st birthdoy)	f Under 1 Yr. If Under 24 Hrs. Nonths: Doys Hours Min.
	FEMALE WHITE SEDARAT	ED 1	0-1-1913	5/YRS	
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSII	NESS OR INDUSTRY	BIRTHPLACE (Stote or foreign	country)	2. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE	/	MARYLAND		11. S. A.
	13. FATHER'S NAME	14.	MOTHER'S MAIDEN NAM	E	
	FELIX TYSZKIEWI	17	Tanwine	LANENC	k i
li	15. Was Deceased Ever in U. S. Armed Forces? 16. St		INFORMANT	LANENC	ADDRESS
1	(Yes, no or unknown) (If yes, give wor or dotes of service)	ECURITY NO.	· T . (		4. 0
	NO 22	0-24-3735111	ISS JOAN S	EHNKE	720 S. LAKE WOOD
	18. 163X I	CAUSE OF D	DEATH	0 1	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1 0110	ug Col Cuch	w. Kt 40	2 2008
	(This does not mean the mode of dying, e.g.,	DUE TO	VOCO COCO	2000	
	heart failure, asthenia, etc. It meons the disease, injury or camplication which coused death.)				
	ANTECEDENT CAUSES	(B)		/	
	DISEASES OR CONDITIONS, if any, giving	DUE TO			
	ise to the abave couse (A) stating the	(C)			
	UNDERLYING CONDITION last.				
	7				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
	DISEASE OR CONDITION CAUSING IT.	OPERATION	20 A. AUTOPSY? (Yes or No)	208 IF YES WERE EIN	DINGS CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	O EKA HON	2010131: 1103 01 1101	IN CERTIFYING CAUS	S OF DEATH?
	U 21 A. ACCIDENT WAS UNDERLYING 21B. PLAC	E OF INJURY (e.g., in or	obout 21C. WHERE DID	(If in Boltimore C	ity, give exact location)
	DEATH (notify medical examiner) etc.)	n, foctory, street, office	bldg., INJURY OCCUR?		
	O 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJU	RY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	₩ OF INJURY While At	Not While			
	Work	At Work		12	
	22. I certify that (I) (this hospital) attended the de-	ceased from	19	10	1960.
	that (1) (we) lost saw the deceased alive on	111/	1960 and that	in (my) (our) opinio	in death occurred on the date
	and hour and from the couses stated above. (1) (We	(did) (did not) view	v the body ofter death.		

23 B. DATE SIGNED Attending Phys. Med. Director Stoff Phy s. 23D. ADDRESS OF CREMATORY 24C (Stote) town, or county) Co ADDRESS 125B. NAME OF RESISTRAD 54 25C. FUNERAL DIRECTOR



the body was released to the haspital by a medical examiner. Also, if the direct or contributing cause af death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture af any kind; (4) Undetermined cause; (5) Deceased

the body was released to the haspital by a medical examiner.

8

VS 150-REV. 1/1965

		BALTIMORE CITY	HEALTH DEPARTMENT		05
BIRTH NO. 65	0574	CERTIFICA	TE OF DEATH	Registered No.	-65  0574
M.E. CASE NO.	ED		2. DATE AN	ID HOUR OF DEATH	•
(Type or Print) VT	OLA SHOWALT	FIR.		ry 16, 1965	
	IN BALTIMORE, MA		4. USUAL RESIDENCE (When	e deceased lived. If in	nstitution: residence before odn
			A. STATE B. COUN Maryland	TY	1 100-
FULL NAME OF HOSPITAL OR	(If not in hospital oddress or location	or institution, give street	C. CITY OR TOWN (If our	teido eity limite unito	PIIPAL and give towerhin)
INSTITUTION			Baltimore	iside city limits, write	KUKAL ONG GIVE TOWNSHIP!
1.29 Not	th Rose Str	eet 21205		tural, give location)	
42) 1101	DII 1036 001	eco zizo)	429 North Ro	se Street	21205
5. SEX  6.1	RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under
Comp To	shall be a	WIDOWED, DIVORCED (specily)	7/3/00	lost birthdoys	Months Doys Hours
	White	Married 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		12. CITIZEN OF
done during most of work	ing lile, even if retired)	Dvorak Bros.		g. com,,,	WHAT COUNTRY?
Seamstress		Dovrak's Brothers	Poland		U.S.A.
13. FATHERS NAME			14. MOTHER'S MAIDEN NA	ME	
Peter Krol			Agnes Yanka		
15. Was Deceased Eve	er in U. S. Armed For		17. INFORMANT		ADDRESS
1 es, no of Unknown) (II	yes, give wor or date	s of service) SECURITY NO. 217-03-2278	Robert M Share	n]+on 120	N. Rose Street
1B. 010	V .		F DEATH	arret 429	INTERVAL BETWEE
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	mean the made of		2 /0 1	)	
	henio, etc. Il meons calion which caused		The same of the sa	telas	7
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UNDERLYING C	CONDITION last.				
7	11				
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DISEASE OR CO	NDITION CAUSING	Т.	120.4	N con	
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OR CONTRIBUTION	WAS UNDERLYING TO	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	Ifice bldg., INJURY OCCUR?	(II in Boltimor	e City, give exact location)
	dicol exominer	etc.)			
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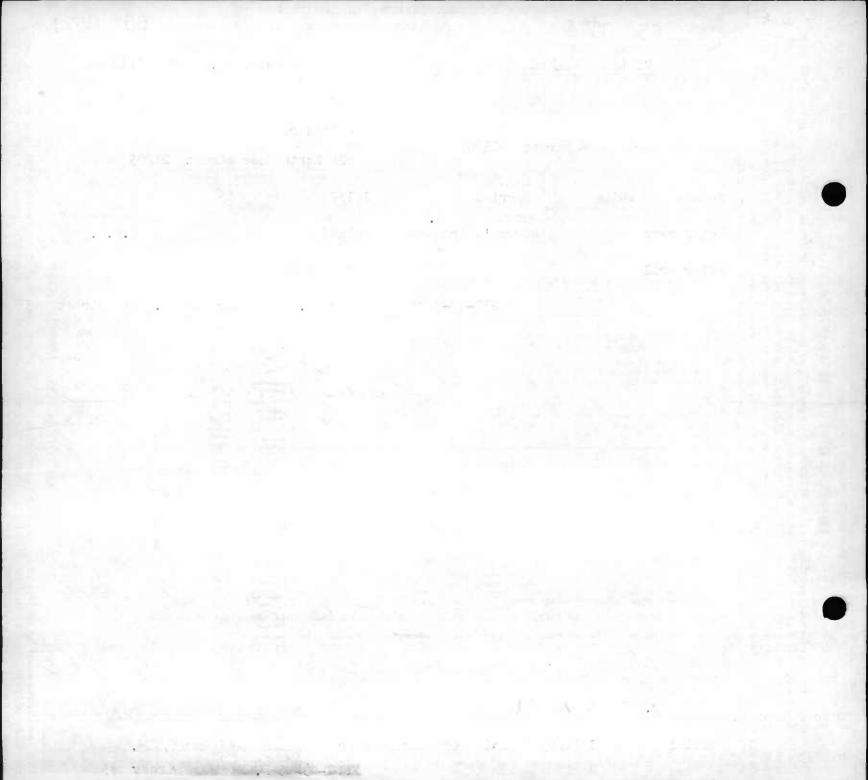
Holy Redeemer Cemetery

Baltimore, Md.

258. NAME OF REGISTRAR

256. FDNERAL DIRECTOR

256.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

CERTIFICATE OF DEATH  Registered No. 65 0575  CASE NO.  ANE OF DECASED  of Printing  The KUBIK EDWHRD Francis  2. Date and hour of Death  1/16/66  L. 25 AM  ASTATE RESIDENCE When deceased lived. If institution, residence before admission of the control of the c
ALCO OF DEATH IN BALTIMORE, MARKLAND  LILL NAME OF OSPITAL OR OSPI
LACE OF DEATH IN BALTIMORE, MARYLAND  ULL NAME OF OSPITAL OR OSPIT
STATE OF COSPITAL OR  COSPITAL
C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Lutturen haspital of marked.  D. STREET ADDRESS (If run, give location)  3 9 12 Belain Road  Road  North north  D. STREET ADDRESS (If run, give location)  3 9 12 Belain Road  North north  Nort
Extended the property of wayland D. STREET ADDRESS (If rurol, give location) 3912 Belair Road  Extended the property of the pr
D. STREET ADDRESS (If rurol, give location)  3912 Belain Road  X 6. RACE Wildows Involved Marked Marked Months: Days Hours Mir Alexandria Mieduszewski  [8] Cause Of Death Mir Months: Days Hours Mir Months:
USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  ALECACIAL  ATHERS NAME  (alter Jakubik  (vos Deceased Ever in U. S. Armed Forces? 216—20—2362  Betty Jakubik 3912 Belair Road #13  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heard follow, softenio, elc., Il means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving size to the obove cause (A) stoting the UNDERLYING CONDITION IOSI.
USUAL OCCUPATION (Give kind of work lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  Mindred  USUAL OCCUPATION (Give kind of work lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  Mindred  USUAL OCCUPATION (Give kind of work lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  Mindred  USA  Industry  Indus
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during most of working life, even if relired)  ATHERS NAME  Alter Jakubik  Alexandria Mieduszewski  Alexandria Mieduszewski  Alexandria Mieduszewski  Alexandria Mieduszewski  ADDRESS  Betty Jakubik 3912 Belair Road #13  CAUSE OF DEATH  ONSET AND DEATH  ONSET A
ATHERS NAME  ATHERS NAME  Alexandria Mieduszewski  Alexandria Mieduszewski  Alexandria Mieduszewski  ADDRESS  SECURITY NO.  216—20—2362  Betty Jakubik 3912 Belair Road #13  CAUSE OF DEATH  ONSET AND DEATH  (A) Bronch Genic Carcinome  (A) Bronch Genic Carcinome  ONSET AND DEATH  (A) Bronch Genic Carcinome  OUE TO  ANTECEDENT CAUSES  DUE TO  DISEASE OR CONDITIONS, if ony, giving size to the obove couse (A) stoting the UNDERLYING CONDITION lost.
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Alexandria Mieduszewski.  ADDRESS  DISEASE OR CONDITIONS, if ony, giving isse to the obove couse (A) stoting the UNDERLYING CONDITIONS, is only giving isse to the obove couse (A) stoting the UNDERLYING CONDITION lost.  Alexandria Mieduszewski.  Alexandria Mieduszewski.  Alexandria Mieduszewski.  Alexandria Mieduszewski.  ADDRESS  Betty Jakubik 3912 Belair Road #13  CAUSE OF DEATH  INTERVAL BETWEEN ONSET AND DEATH  (A) Bronche genic carainome  (A) Bronche genic carainome  (A) Bronche genic carainome  (B)  DUE TO  DISEASE OR CONDITIONS, if ony, giving isse to the obove couse (A) stoting the UNDERLYING CONDITION lost.
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Nos Deceased Ever in U. S. Armed Forces?  no or unknown) (If yes, give wor or dotes of service)  216-20-2362  Betty Jakubik 3912 Belair Road #13  CAUSE OF DEATH  (This does not meen the mode of dying, e.g., healt foilure, osthenio, etc. II meens the diseose, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.
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uise to the obove couse (A) stating the (C) UNDERLYING CONDITION lost.
UNDERLYING CONDITION lost.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CETEBRAIL EMBELSION
TO THE DEATH BUT NOT RELATED TO THE COROLLARY CONDITION CAUSING IT.
9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
DEATH (notify medical examine) etc.)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURED 21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.)  While At Not While
Work At Work
22. I certify that (1) (thi) hospital) attended the deceased from 1-1-67 1965 to 1,1667 1967
that (I) (we) last saw the deceased alive an 11/5/ 1965 and that in(my) (aur) apinian death accurred an the
and have and from the causes stated above. (1) (We) (dld) (did not) view the body after death.
23B. DATE SIGNED
M.D. Attending Med. Stoff Phys. Stoff Phys. Stoff Phys.
23C. PHYSICIAN'S 23D. ADDRESS
NAME (Type) BH. ADIR M'D
(4) 11015 111 5 M.D.
BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stot
7/20//2
DATE REC'D BY MEALTH DATE TO THE TOTAL BOOK ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
DATE REC'D SA HEALTH DE 1965 26B. NAME OF REGISTRAR BY SCHIMMING FUNETAL Home, Inc. ADDRESS SCHIMMING FUNETAL HOME, Inc.
B331 Brehms Tane #13
50-REV. 1/1/65

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of death

				BALTIMORE CITY	HEALIH DEPAKIMEN	1		
	H NO.	65 0576		CERTIFICA	TE OF DEATH	Registered No	65	0576
M.E	AME OF DEC	EASED			2. DATE	AND HOUR OF DEATH	Н	
(Typ	e or Print)	FRANK	JOSE	PH ZAHRADKA		n. 16, 196!		:30 a.m
3. F	LACE OF DE	ATH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE	Where deceased lived. If OUNTY		
ŀ	ULL NAME C	OF (If not in hospital oddress or location	or institul	on, give street	C. CITY OR TOWN (	If outside city limits, write	RURAL ond give	township)
		3226 Brend	dan A	ve.	Baltim	ore		
		Baltimore			D. STREET ADDRESS 3226 B	(If rurol, give locotion) rendan Aver	nue	
5. S	male	6. RACE white	WIDO	HED, NEVER MARRIED (Specify)	8. DATE OF BIRTH 11/2/15	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	If Under 24 H Hours Min,
			1	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or		12. CITIZEN O	F
don	during most of	working life, even if retired) PRESSET		rak Bros.	Baltimore		WHAT CO	UNTRY?
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME		
		rank Zahra				nown		
15. ' (Yes	Nos Deceosed , no or unknown	Ever in U. S. Armed Fo	es of servi		17. INFORMANT	: 7-b	ADDI	
	yes	W.W. 2		215-09-1157		i Zahradka,		
	18. / 6 !	3 X I		CAUSE O	F DEATH		INTER	AND DEATH
	DISEA	SE OR CONDITION D		Cara	nous of	Energ	ry	rais
	heart failure,	nal mean the made a asthenia, etc. It mean application which cause	s the dise	v.y.,	U			A A HANNE HAN A A A A A A A A A A A A A A A A A A
			S	(B)		8 8 00000000000000000000000000000000000		
		ANTECEDENT CAUSE		DUE TO				
	DISEASES (	ANTECEDENT CAUSE  OR CONDITIONS, if e above cause (A) G CONDITION last						
	DISEASES (	OR CONDITIONS, if e abave cause (A) G CONDITION last.						
NOIT	DISEASES (rise la lh UNDERLYING OTHER SIGN TO THE D	OR CONDITIONS, if e abave cause (A) G CONDITION last.        IFICANT CONDITIONS DEATH BUT NOT REL	slaling CONTRIBU	TING Plane 47	oid Artu	ritis	Dy	rues
RTIFICATION	DISEASES (ise to the UNDERLYIN) OTHER SIGN TO THE DISEASE OR	OR CONDITIONS, if e abave cause (A) G CONDITION last.  II  IFICANT CONDITIONS REATH BUT NOT REL CONDITION CAUSING  OPERATION 198. CO	Stating CONTRIBU	TING Plane 47	OIL SUTERIO	or No) 208. IF YES, WERE		SIDERED
AL CERTIFI	DISEASES ( rise la lh UN DERLYINO OTHER SIGN TO THE D DISEASE OR 19A. DATE OF	OR CONDITIONS, if e abave cause (A) G CONDITION last.  II  IFICANT CONDITIONS REATH BUT NOT REL CONDITION CAUSING  OPERATION 198. CO	CONTRIBU ATED TO IT. NOITION F	TING Plumat	20A. AUTOPSY? (Yes o	D (If in Boltimo	FINDINGS CONS	SIDERED ?
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24C. NAME of CEMETERY or CREMATORY

258. NAME OF REGISTRAR

24D. LOCATION

(City, town, or county)

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)
Burial 1/19

Baltimore,

Bohemian National Cem

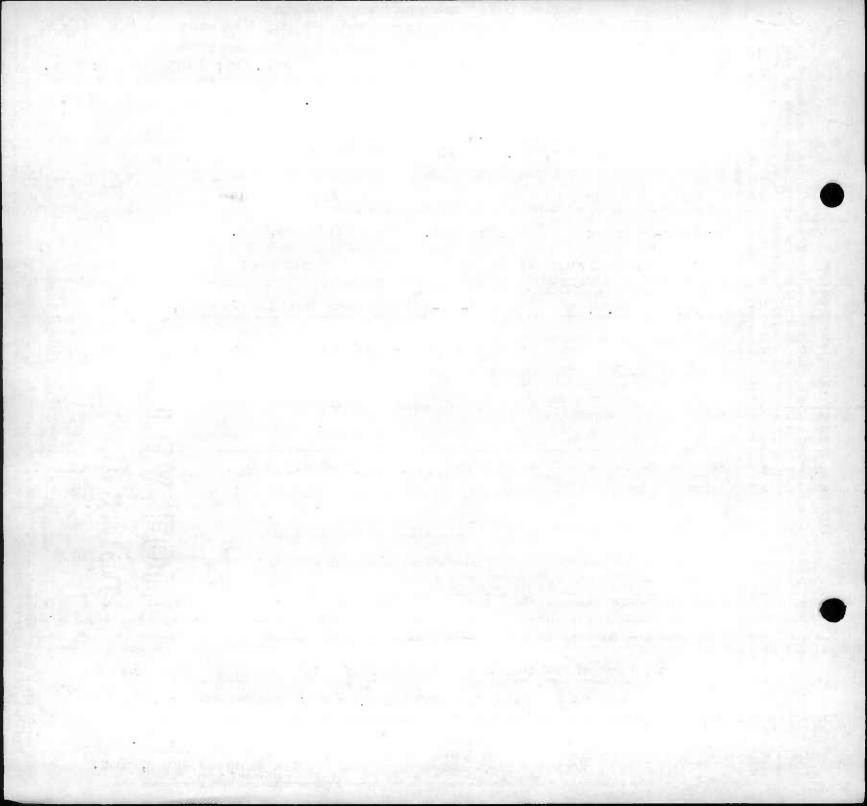
Md. Home, Inc.

VS 150-REV. 1/1/65

1/19/65

25A. DATE REC'D BY HEALTH DEPT 1965

Schimunek Funeral 3331 Brehms Lane



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DE

Registered Na.

M.E. CASE NO.	0011	CERTIFICATE		
1. NAME OF DECEASED (Type or Print)	SARGENTE	Fordham, Jr.	on	

(Type or Print)	SARGENT FORDHAM	o, dr. or	1-16-65	4.35	A
3. PLACE OF DEATH IN	BALTIMORE, MARYLAND	4. USUAL RE A. STATE MARYI	SIDENCE (Where deceased lived B. COUNTY	I. If institution: residence before	odmis sion
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or institution, give street oddress or location)	C. CITY OR		write RURAL and give township)	
T		BALT	IMORE CITY		

THE JOHNS HOPKINS HOSPITAL

D. STREET ADDRESS (If rurol, give location) BIDDLE STREET

5. SEX 7. MARRIED, NEVER MARRIED 6. RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours WIDOWED, DIVORCED (specily) lost birthdoy NEGRO 43 MALE MARRIED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)

CAUSE OF DEATH

Steel

MESTOWN MOTHER'S MAIDEN NAME

ANSEL FORDHAM 15. Was Deceased Ever in U. S. Armed Forces

13. FATHER'S NAME

LUCY WASHINGTON 17. INFORMANT 6. SOCIAL SECURITY NO.

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl failure, asthenio, etc. It means the disease, injury ar camplication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the

10 Malignant Hypertension 6 months

CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DUE TO

19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

UNDERLYING CONDITION last.

21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR?

Attending Phys.

M.D.

(If in Boltimore City, give exact location)

21D. TIME (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED OF INJURY (APPROX) Work

Not While While At At Work

21F. HOW DID INJURY OCCUR?

that (1) (we) last saw the deceased alive an 433 am

22. I certify that (I) (this hospital) attended the deceased fram

and that in (my) (adr) apinion death accurred on the date

and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNIATURE

23C. PHYSICIAN'S NAME (Type)

ERBERT

Director 23D. APPRESS

23B DATE SIGNED

24A. BURIAL CREMATION, 248. DATE

REMOVAL (Specify) Benoval 25A. DATE REC'D BY HEALTH DEPT. 1AN 18 1965

\* ZION

HARWICK

FUNERAL

IMPORTANT DIRECTOR:

approval written

MEDIC

physician

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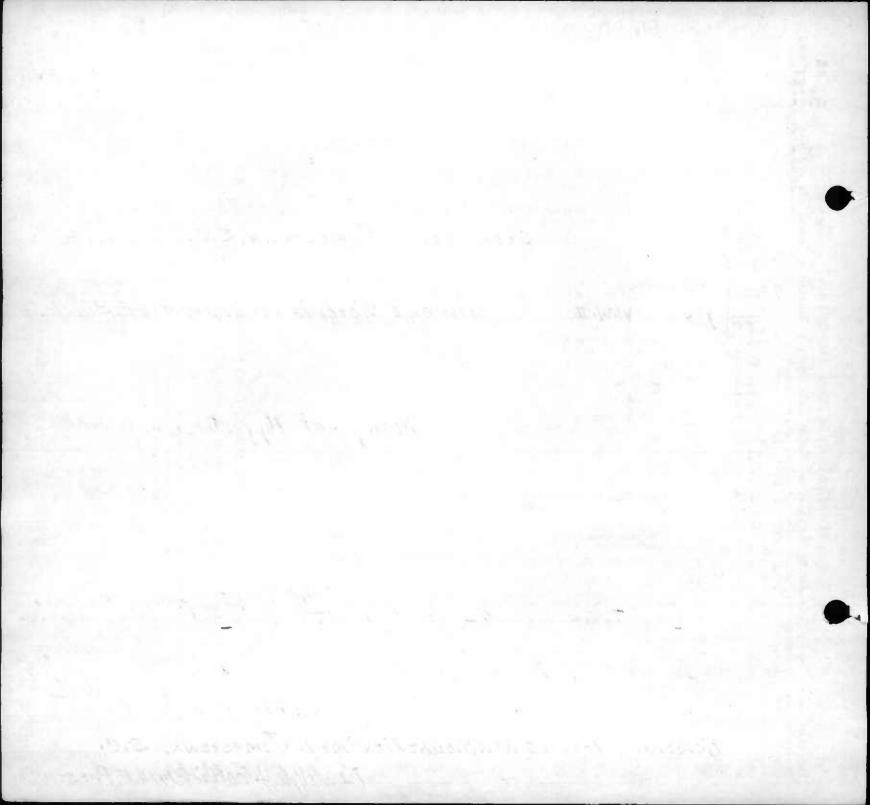
hospital

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2	nust be approved by the chief medical examiner or his assistant if death occurred in a hosp	leased to the hospital by a medical examiner. Also, if the direct or contributing cause	cident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) I	hospital (except where the physician who pronounced death was in regular attendance	o death); and (6) No physician was in regular attendance on the deceased prior to dea	
X	urred ir	ibuting	ined car	ular att	d prior	nade.
•	eath occ	or contr	ndeterm	in reg	decease	tion is m
IN	ant if de	direct o	d; (4) Ur	ith was	on the	disposi
PORTA	is assiste	, if the	any kin	ced dec	ndance	or fina
FUNERAL DIRECTOR: IMPORTANT	ner or h	er. Also	cture of	pronoun	lar atte	balmed
RECTO	lexami	examin	(3) A fra	n who	in regu	s are en
RAL DI	medica	medical	burns;	physicia	an was	remain
FUNE	he chief	by a	(2) Body	ere the	physici	fore the
	ved by	hospita	nature;	ept whe	ON (9) P	I must be obtained before the remains are embalmed or final disposition is made.
	e appro	I to the	of any	tal (exc	th); and	t be obte
	nust b	leased	cident	hospin	o dea	I must

of death Deceased

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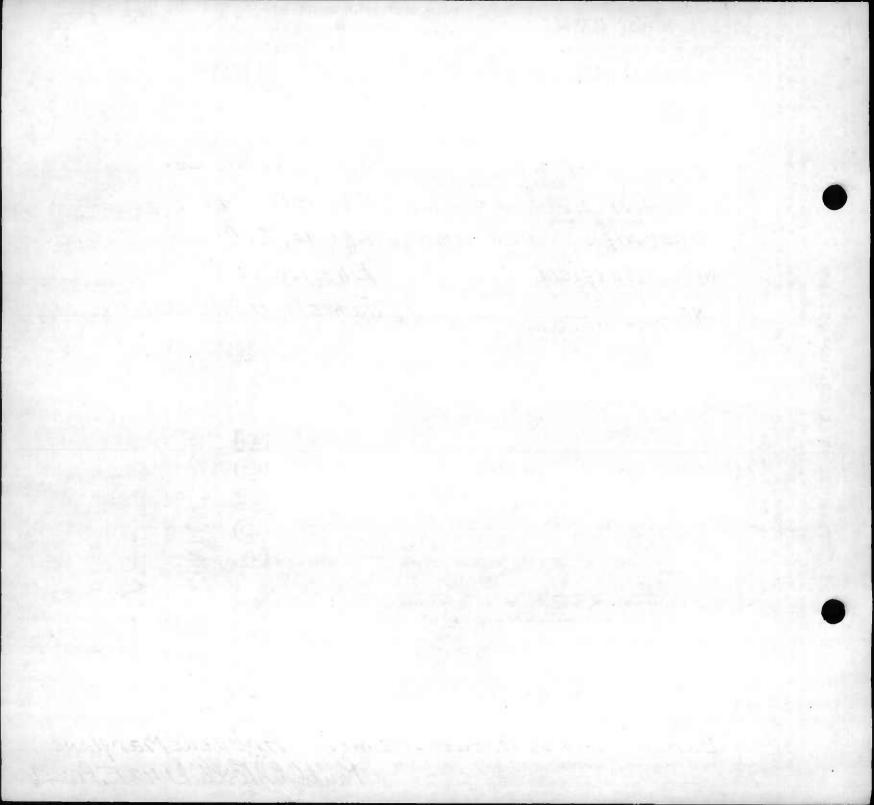
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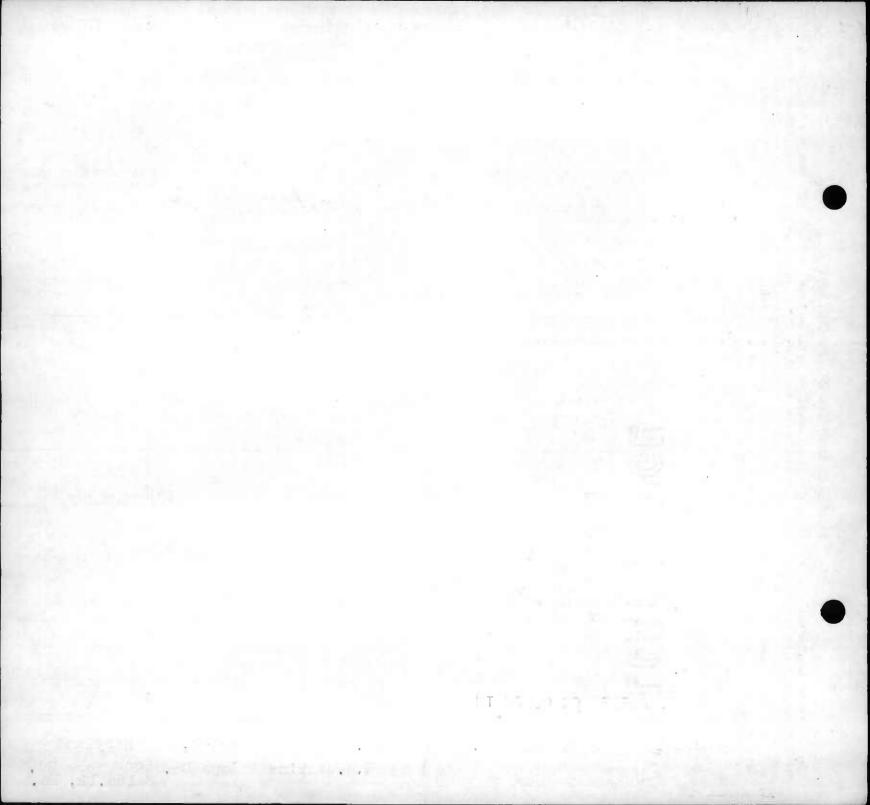
ance

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR, OF DEATH (Type or Print) 512 3. PLACE OF DEATH IN BALTIMORE MARYLAND USUAL RESIDENCE (Where peceosed lived. If institution: residence before admission) B. COUNTY A. STATE Altamore 2 FULL NAME OF (If not in hospital or institution, give street devel was HOSPITAL OR oddress or location) CITY OR TOWN (If outside city limits, write RURAL and give township) D. STREET ADDRESS (If rurol, give location) . MARRIED, NEVER MARRIED If Under 24 Hrs. 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys Hours lost birthdov WIDQWED, DIVORCED (specify) 100 a 2 1 F D 10A. USUAL OCCUPATION (Give kind of work 10B. NIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF or foreign country) WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME e MOTHER'S MAIDEN 15. Was Deceased Ever in U.S. Armed Farces?
(Yes, no or unknown)(If yes, give wor or dates of service) ADDRESS 6. SOCIAL SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUF TO heart failure, asthenia, etc. It means the disease, injury or camplication which caused death,) (B) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (II in Boltimore City, give exact location) DEATH (notily medical examiner) etc. MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) past saw the deceased alive an and that In(my) ((aur) pinian death accurred an the date and haur and from the causes stated above. (1) (We) (did) did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Stoff 1 Med. Director M.D. Attending Phys. Phys. L 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) LICTIM V/110/15 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION REMOVAL (Specify) 25B. NAME OF REGISERA 25A. DATE REC'D BY HEALTH DEPT. EUNERAL DIRECTO VS 150-REV. 1/1/65

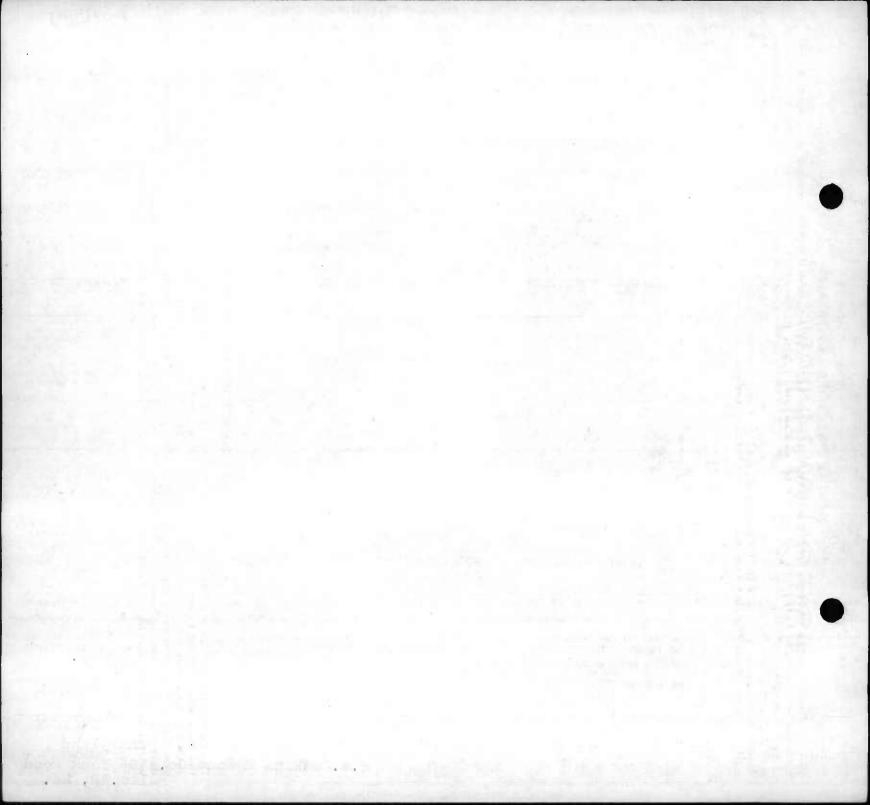


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#	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
•	if death occur ect or contrib 4) Undetermir was in regul the deceased
FUNERAL DIRECTOR: IMPORTANT	or his assistant Also, if the dir re of any kind; ( nounced death attendance on Imed or final dis
L DIRECTOR:	dical examiner ical examiner. rns; (3) A fractu sician who prowas in regular nains are emba
FUNERA	by the chief me pital by a med re; (2) Body bu where the phy No physician
•	st be approved used to the hospent of any natural (except death); and (6) nust be obtained
	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.

OF OFFIO	BALTIMORE CITY	HEALTH DEPARTMENT		0=
BIRTH NO. 65 0579 M.E. CASE NO.	CERTIFICA	TE OF DEATH		65 0579
(Type or Print) DOROTHY 1 H	ORINE		NARY 14,1	a651 9 02 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If inst	
FULL NAME OF (If not in hospital or institution, (HOSPITAL OR oddress or location)			BOUTIMOR	
UNION MEMORAL HO	SPITAL		rurol, give locotion)	57.
	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF		11. BIRTHPLACE Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
SCHOOL TEACHER COU	CATION	MOBASHU	00	UNITED STOTES
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
NEW TON T. HORINE		SHOIE (	c. 0 1716	R
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (II yes, give wor or dotes of service)	SECURITY NO. 214-40-6407	DR. FRED	KTIME. 2	Soft-MAN WOUNG
18. 204,0	CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	,	1 2 /	,	ONSE! AND SEATH
LEADING TO DEATH	(A)	imphatic lev	Kemia	
(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease,	DUE TO			
injury or complication which caused death.)	Q.	C 1 1 1 11	anni cha an	
ANTECEDENT CAUSES	DUE TO	OINTERTIAL HO NemoLiha	-morridge	
DISEASES OR CONDITIONS, if any, giving			F Total	
rise to the above couse (A) stoting the UNDERLYING CONDITION lost.	(C) I	tacprebral	11-	****
		Chipron	Ese mex + ney	e
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TH DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FII	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B.	e, torm, toctory, street, of	or obout 21C. WHERE DID injury OCCUR?	(II in Boltimore	City, give exact location)
10	INJURY OCCURRED	21F. HOW DID INJU	IIBA OCCITES	
UM OF IN HIPY			OK! OCCOR:	
(APPROX) N/A	ile AI Work	MIA D'		
22. I certify that (I) (this hospital) attended the	he deceased fram		9 5 10 3 AN	VARY 14 1965.
that (i) (we) last saw the deceased alive an	7		ot in (my) (aur) apini	an death accurred an the date
and haur and fram the couses stated above (I	))(We) (did) (did nat) v	iew the bady after death.		
23A. SIGNATURE	A A	- Ji-a — AAa —		23B. DATE SIGNED
25 O Langbert	M.D. Atte	nding Med. Director	Phys.	JANNARY 14,1963
DR. FREDERICK O. SMIT		23D. ADDRESS	2000	Hasa
24A. BURTAL CREMATION, 24B. DATE 24C.NA	AME of CEMETERY OF CRE	MATORY 24D. LC	OCATION (City,	, town, or county) (State)
	t. Olivet Ce	m. Fre	ederick,	Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
JAN 18 1965 Robert	E. Markey M.A.	H.W.Jenkins	x Sons Co.	4905 York Rd. Balto.12, Md.
VS 150-REV. 1/1/65				



				8	ALTIMORE CITY	HEALTH DEPA	RTMENT		65	0500
	и но. 63	5 0580		C	ERTIFICA	TE OF DI	EATH	Registered No		0000
1. N	AME OF DECE						2. DATE AN	ID HOUR OF DEATH	4	0
		R, FREDE		C	. GUT	MAN	1	114/65		4:45 P
3. 1	PLACE OF DEAT	H IN BALTIMORE, MA	RYLAND			4. USUAL RESIL	B. COUN	e decersed lived. If	institution: resid	dence before odmission
	FULL NAME OF	(If not in hospital		give stree	et	MARY			. 1.30	Balto.
- 1	NSTITUTION	oddress or locotio				RURA		tside city limits, write	,	ive township)
(	CHURCH	Home	+ Hos	PIT	AL	D. STREET ADD		PARK rurol, give location)	1 ON	03-04
						MIDA	LETO	WN RD.	#2	
5. S	EX 6	RACE	7. MARRIED		MARRIED RCED (specify)	8. DATE OF BIRT	TH ,	9. AGE (In years lost birthdoy)	If Under 1	Yı. If Under 24 Hr
	M	W		1000 l		4/24	181	83	TWO THE STATE OF	770
		ATION (Give kind of wor trking life, even if retired)				11. BIRTHPLACE	(Stote or fore	gn country)	12. CITIZEN	OF COUNTRY?
		ENDENT	MEAT	PAC	CKING	MAR	PLAN	D	1	1,5A,
13.	FATHER'S NAMI					14. MOTHER'S A	MAIDEN NA	ME		
	MR.	WILLIAM	1 GUT	TMA.	N	MISS	EUZ	ABETH	CLUB	3
15. '(Yes	Was Deceased E	ver in U. S. Armed Fo	rces?	16. 500	CIAL CURITY NO.	17. INFORMANT				DDRESS
	NA	, ,		215	09 9055	MRS	WALT	ER L, F	PRINCE	- SAME
	18.420	) . / 1				F DEATH			IN:	TERVAL BETWEEN
	DISEASE	OR CONDITION DI	RECTLY							ISET AND DEATH
		EADING TO DEATH meon the mode of	duina o a		(A) COR	NARY A	RTERY	INSUFFIC	(ENCI	\$
	heart foilure, o	sthenio, etc. it meons	the discose,		DOE 10					{ unknow!
		licotion which coused			IN ATHER	ROSCLEROT	TC HI	EART DISE	ASIE	
					DUE TO	,		######################################		5 p.
	iise to the	obove couse (A)			(C)					
	UNDERLYING	CONDITION lost.			10.7					
z	OTHER SIGNIE	[] CANT CONDITIONS	ONTRIBITIN	G	0					
ATIO	TO THE DE	ATH BUT NOT RELI	ATED TO TH	1E	GANGI	RENE .	LEFT	FOOT ,		
FIC	19A. DATE OF	PERATION 198. CON	IDITION FOR	WHICH (	OPERATION	20A. AUTOPS	Y? (Yes or No	20B. IF YES, WERI		
ERTI	NONE					YES		NO		
C	OR CONTRIBUT	WAS UNDERLYING	hon	ne, form,	OF INJURY (e.g., i foctory, street, o	n or about 21 C. W ffice bldg., INJURY	HERE DID	(If in Boltimo	ne City, give e	xoct location)
CA		nedicol exominer	VO etc.					1.0		
MEDI	OF INJURY	Month) (Doy) (Year)		ile At	OCCURRED Not Whi		OM DID INT	URY OCCUR?		
	(APPROX)		Wo		At Work	•			1	,
	22. I certify t	nat (1) (this haspita	l) attended t	he dece	ased from	1/9		19 65 to	1/14	19.65
	that (I) (we) I	ost saw the decease	ed alive on		1/14	19_6	ond th	at in(my) (aur) a	oinian death	occurred on the de
	and hour and	from the causes sta	ted above. (	1) (機能) (	d(d) (did not)	view the body o	fter death.			
	23A. SIGNATUR	20	S Cp					N	23B, DATE	SIGNED
	(	Jesses	0, 02	eyo	M.D. Att	ending N	Ned. Pirector	Stoff Phys.	1/	14/65
	23C. PHYSICIAN NAME (Typ	e is	- 00-			23D. ADDRESS		11	1	
		JAMES	J. GKE	GOA	RY . M.D.	Ch	ierch	Home	4- H	esp.
24 Ä	REMOVAL (Sp.	ATION, 24B. DATE	24C. N	AME of	CEMETERY or CR	EMATORY	24D. L	OCATION (	City, town, or o	county) (Stote)
]	Burial	1/18/6	5 Lo	udor	Park C	emetery	Ba	ltimore,	Mar	yland
	DATE REC'D B	N TO TOCK	25B. NAME				L DIRECTOR	& Song C	LOOF	ADDRESS York Road
	JA	10 1909 (	Robert	5,4	ansey M.A	T.M. Jei	IKTIIS	a sons co	Be 1 to	10 rk Road
S	150-REV. 1/1/65								TANK TO S	



shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause Willam Gordon, FUNERAL DIRECTOR: IMPORTANT

of death

C5 0504	BALTIMOKE CITY	HEALTH DEPARTMENT	0 =
BIRTH NO. DO USOL	CERTIFICA	TE OF DEATH Regi	stered Na 55 0581
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AND HOUR	OF DEATH
(Type or Print)		1-14-6	
WILL  3. PLACE OF DEATH IN BALTIMORE M	IAM H. GORDON		ed lived. If institution; residence before admission
STRUCT OF DEATH IN DALLINGERS IN	TORISONO	A. STATE B. CDUNTY	
FULL NAME DF (If not in hospite	al or institution, give street	MARYLAND E	BALTIMORE
HDSPITAL DR oddress or local	tion)		limits, write RURAL and give township)
THE JOHNS HOPKI	No Hospital	RUXTON	53-00
THE OURNS HOPKI	NS HOSPITAL	D. STREET ADDRESS (If rurol, give	location)
		1217 BERWICK R	OAD
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (I	n yeors If Under 1 Yr. If Under 24 Hr. Months: Doys Hours: Min.
MALE WHITE	WIDOWED, DIVORCED (specify)	7-29-08 56	097
INA, USUAL OCCUPATION (Give kind of w	ork 108, KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF
done during most of working life, even if retired	d)		WHAT COUNTRY?
Executive	Printing	Richmond Va	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
WALTER Gordon	2	ROSABELL BRAGG	
5. Was Deceased Ever in U. S. Armed	Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or d		7 75 4 7	. (5
No		Mrs.Amelia C. Go	
18. 4-20.1	CAUSE O	FDEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION I	DIRECTLY	land Gla	100.
LEADING TO DEAT	H (A) FW	Imanury Edem	19 18 MD
(This does not mean the made heart failure, asthenia, etc. 11 mea	une the disease		1 /
injury ar camplication which caus	ed death.)	yo cardial /n/	action achter
ANTECEDENT CAUS	(0)	A D CALK BUNGER I INA	(101/./11/// _/ 7/ 01/10/
MINIECEDENI CAUS	DIE		
DISEASES OR CONDITIONS, in	DOE 10	tui alami li li	1: 1/2 20
DISEASES OR CONDITIONS, in	if any, giving	teriosclerotic Con	diolog 20 years
DISEASES OR CONDITIONS, in	if any, giving	teriosclerotic Cu	diolog 20 years
DISEASES OR CONDITIONS, in rise la lihe above cause (A UNDERLYING CONDITION last.	of any, giving A) stating the (C)	teriosclerotic la	dio Vor 20 years
DISEASES OR CONDITIONS, in the state of the	of any, giving A) stating the (C)	teriosclerotic la	dio Vose 20 yeurs
DISEASES OR CONDITIONS, in the latter of the condition last.  NOTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING	of any, giving A) slaling lhe  CONTRIBUTING ELATED TO THE	teriosclerofic la disease.	dio Vose. 20 yeurs
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DISEASES OR CONDITIONS, in the latter of the condition last.  NOTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT REDISEASE.	CONTRIBUTING ELATED TD THE G IT. ONDITION FOR WHICH OPERATION PERFORMED	Lise ale.  20A. AUTOPSY? (Yes or No) 20B. IF YES	
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DISEASES OR CONDITIONS, in the la like abave cause (A UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. COWAS P	CONTRIBUTING ELATED TD THE G IT.  ONDITION FOR WHICH OPERATION PERFORMED  218. PLACE OF INJURY (e.g., i	Love  20A. AUTOPSY? (Yes or No! 20B. IF IN CER  n or obout 21C. WHERE DID	
DISEASES OR CONDITIONS, in the second section of the second section of the second section of the second section section of the second section	CONTRIBUTING ELATED TD THE G IT.  ONDITION FOR WHICH OPERATION PERFORMED  218. PLACE OF INJURY (e.g., indeed, or of the control of the contro	Love  20A. AUTOPSY? (Yes or No! 20B. IF IN CER  n or obout 21C. WHERE DID	If in Boltimare City, give exact lacation)
DISEASES OR CONDITIONS, in the state of the	CONTRIBUTING ELATED TD THE G IT.  21B. PLACE OF INJURY (e.g., index) etc.)  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (	20A. AUTOPSY? (Yes or No) 20B. IF IN CERTIFIC HOUSE PROPERTY OCCUR?	If in Boltimare City, give exact location)
DISEASES OR CONDITIONS, in the state of the	CONTRIBUTING ELATED TD THE ONDITION FOR WHICH OPERATION PERFORMED  21B. PLACE OF INJURY (e.g., in the control of the control o	20A. AUTOPSY? (Yes or No) 20B. IF IN CERTIFIC HOUSE PROPERTY OCCUR?	If in Boltimare City, give exact lacation)
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DISEASES OR CONDITIONS, in the second	CONTRIBUTING ELATED TD THE G IT.  ONDITION FOR WHICH OPERATION PERFORMED  21B. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)  ON (Hour)  21E. INJURY OCCURRED While At Not White At Work  tol) ottended the deceased from Occurrent Control of the deceased from Occurrent Control	20A. AUTOPSY? (Yes or No) 20B. IF IN CERTIFICE BID. INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	CUR?
DISEASES OR CONDITIONS, in the state of the	CONTRIBUTING ELATED TD THE ONDITION FOR WHICH OPERATION PERFORMED  21B. PLACE OF INJURY (e.g., interpretation) (Hour) 21E. INJURY OCCURRED While At Not White At Work  tol) ottended the deceased from Cossed of inverse.	20A. AUTOPSY? (Yes or No) 20B. IF IN CERTIFIC DID (Manual Property) 20B. IF IN OCCUR?	CUR?
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DISEASES OR CONDITIONS, in the last of the	CONTRIBUTING ELATED TD THE  ONDITION FOR WHICH OPERATION PERFORMED  218. PLACE OF INJURY (e.g., in the control of the control	20A. AUTOPSY? (Yes or No) 20B. IF IN CER IN CER IN CER IN CER IN JURY OCCUR?  21F. HOW DID INJURY OCCUR?	CUR?  10 4 par 19 65  10 (our) opinian death occurred on the da

Burial 1/16/1965 St. Thomas 'Garrison Frst. Garrison Forest. Md.

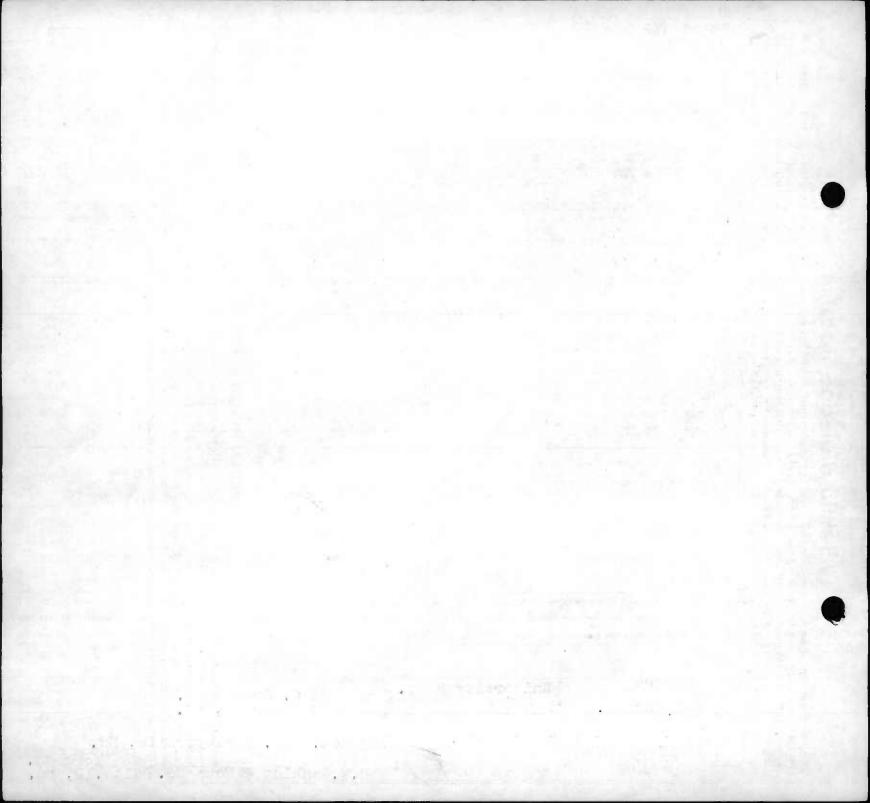
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR H.W. Jenkins & Sons Co. 4905 York Rd.

Balto 12, Md. VS 150-REV, 1/1/65



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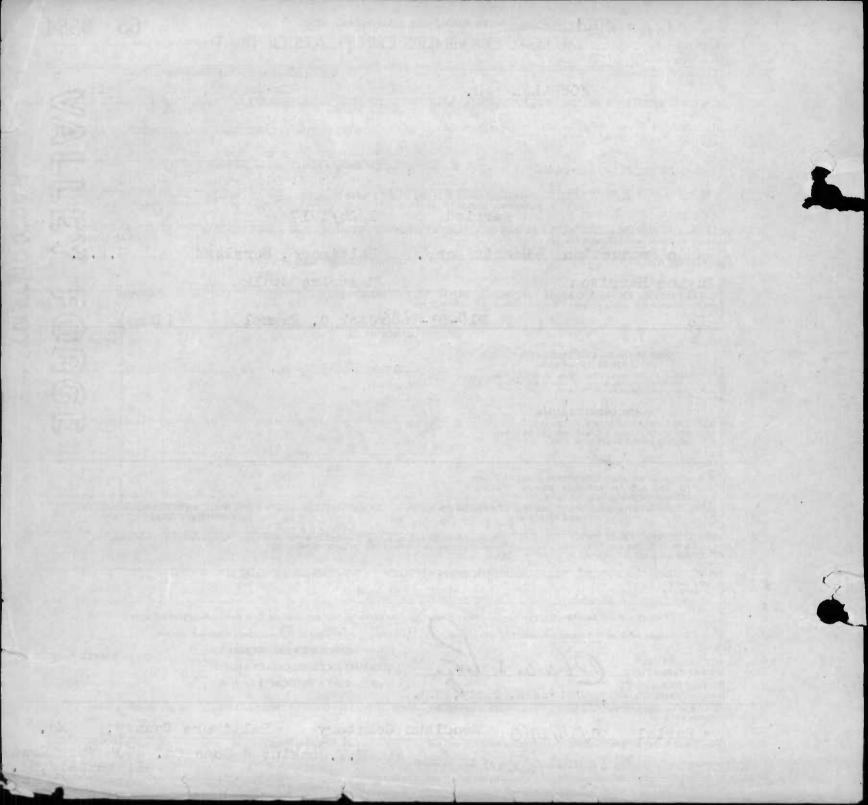
	-	0500		BALTIMORE CITY	HEALTH DEPART	MENT	0	5 0000
BIRTH	NO. 65	11000	ESPENIT	CERTIFICA	TE OF DE	ATH ~ Registere	d No.	J 11583
	CASE NO.	CED.	-0 (51/4	0		DATE AND HOUR OF I	SEATH	
	or Print)	Chane	enzo		12.	1-16-6		430
3. PL		IN BALTIMORE, MA	RYLAND			NCE (Where deceased live	ed. If institution	n: residence befare admission)
H	ILL NAME OF DSPITAL OR STITUTION	(If not in hospital oddress or locotion		give street	Mary C. CITY OR TOWN	N (If outside city limits,	write RURAL	and give township)
				^	Baltin		04501	V - 4
u	NION	MEMAZI	AL H	OSPITAL	D. STREET ADDRE	ISS (If rural, give located the second secon		53-00
5. SE	X 6.	RACE		NEVER MARRIED  DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year last birthday)		nder 1 Yr. , If Under 24 Hrs. hs: Doys Haurs Min,
	+	W	Wu	Lowed	10-8	2-92 72	-	
		ATION (Give kind of work king life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11, BIRTHPLACE (S	tate or foreign country)	12. C	CITIZEN OF VHAT COUNTRY?
dulle	4005 Ev				New Yo	rk City		USA
13. F.	ATHERS NAME	I. Cin			14. MOTHERS MA	AIDEN NAME		0 37
De	MINIC	FATT	LROS	A	Louis	SA Peto	hell	
15. W (Yes,	os Deceased Ev na or unknown) (I	er in U. S. Armed For yes, give wor or dote	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
	_			112-51- 9814	chart-	UNION MEI	norial	HOSPITAL
1	8. 4 2 0	. ] 1		CAUSÉ O	F DEATH			INTERVAL BETWEEN ONSET AND DEATH
	DISEASE	OR CONDITION DIR	ECTLY	4.4			10	1
		ADING TO DEATH	4 7 12	(A) Myc	CARDIA	L INfarc	TION	23 days
		mean the mode of thenio, etc. II means		DUE TO #				O
	injury or compli	calion which caused	death.)	007	ERIDEAL	erotic Cardio	Marcilla	~ Years
	AN	TECEDENT CAUSES		DUE TO	2,11000	Cara io	Nascon	7
		CONDITIONS, if		0	DOLLBAI	Effusion ,	Durger	2 weeks
		above cause (A) CONDITION last,	slating the	(C)	ceurene	rillation/	C+ /	3 chelis
		11		D) H-1	nack tib	read HODY		300-10
ATION	TO THE DEA	CANT CONDITIONS C TH BUT NOT RELA ONDITION CAUSING I	TED TO TH					
ERTIFIC	9A. DATE OF O	PERATION 198. CON WAS PER		WHICH OPERATION	NO	(Yes or No) 208. IF YES, IN CERTIFYII	WERE FINDING CAUSES O	GS CONSIDERED OF DEATH?
0		WAS UNDERLYING OF CAUSE OF edicot exominer	218. hom etc.	PLACE OF INJURY (e.g., i e, form, factory, street, o	n or obout 21C. WHI ffice bldg., INJURY	ERE DID (If in )	Boltimore City,	give exect location)
U	OF INJURY	Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOV	W DID INJURY OCCUR?		
>	APPROX.)		Wh Wo	ite At Not While	e			
-	22 1	ot (#) (this hospital		he deceased fram	12-22	1964 to	10	16 - 1965
		st saw the decease					ur) oninion d	eoth occurred on the dot
							or, oprinon a	eom occorred on me do
	and hour ond f		ed obove.	) (We) (did)-(dibeat) v	view the body off	er death.	loop F	DATE SIGNED
4	3A. SIGNATURE	11.		M.D. Atte	ending Me	d Stoff		
	Lawren	icy. Lu	berno	ln, Phy	s. Dire	d. Stoff Phys.		1-16-65
1	NAME (Type	s U			23D. ADDRESS			1 0
	LAWRE	NCE J. LIE	BERMAN	M.D.	KNION	Memorial	Hos	pital
24A.	BURIAL CREMA	ATION, 248. DATE	24C. N	AME of CEMETERY OF CR	EMATORY	24D. LOCATION	(City, taw	n, or county) (Stote)
1	BURIAL	1-19-6	5 CA	LVARY CEH	ETERY	Laure Tel	O-	1 1/1/
25A.		HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C. FUNERAL	DIRECTOR	Ny Gil	ADDRESS
	JA	IN 18 1965	Roberts	E. Jankey M.A.	HEADEN IN	1. PENERSCICAL	56 49	OS YORK RO
VS 1	50-REV. 1/1/65				The street In	INCHANOS ISON	, 40, //	BALTO, 12 HI

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5	0584	BALTIMORE CITY HEALTH DEPARTMENT
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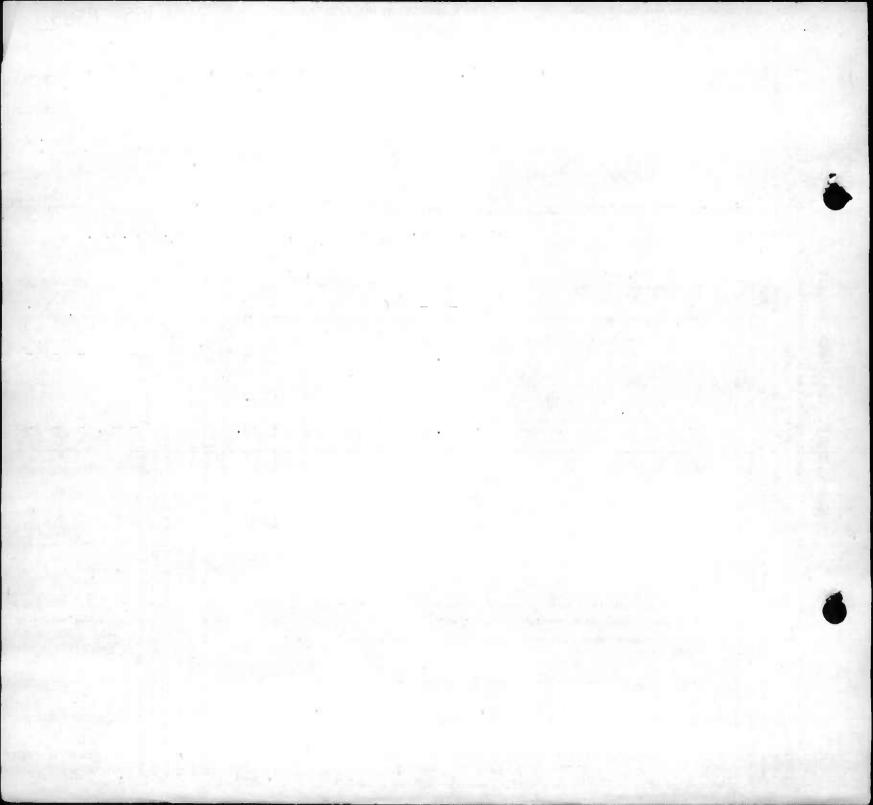
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KI.	

BIRTH NO.	MEDI	CAL EXAMI	NER'S C	ERTIFICAT	E OF D	EATH Regi	stered No		
M.E. CASE NO. 5	5 93/5								
1. NAME OF DECEASED (Type or Print)					HOUR PRONOU		0 15 7		
2 PLACE IN PALT	NORMA		RUMMEL			ry 13, 19		2:15 E	
S. PLACE IN BALI	IIIMORE MARICAND, W	HERE PRONOUNCED D		4. USUAL RESIDE		B. C	OUNTY	delice belole of	331011/
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	L OR INSTITUTION, GI	VE STREET	C. CITY OR TOW	yland N (II outside	corporate limits, v	vrile RURAL o	nd give townsh	ip)
INSTITUTION				Ralt	imore		9	10	3
Unive	ersity Hospita	a 1		D. STREET ADDRESS (Il rurol, give locotion)					
				500	E. 34th	Street			
5. SEX	6. RACE	7. MARRIED, NEVER A		B. DATE OF BIRTH		9. AGE (In year	Months	1 Yr. If Under	
Female	White	Married		1/24/191	L7	47			
	UPATION (Give kind of work working life, even if retired)	108. KIND OF BUSINES	S OR INDUSTR	YII. BIRTHPLACE	State or foreign	country)	12. CITIZ	EN OF	
000 m 8 000	roduction	Bendix Co	rp.	Baltimor	ce. Mar	yland	I	S.A.	3-
	Harrison  D EVER IN U.S. ARMED	FORCES? 116. SO CIA	AL	Beatrice	GRUTK		ADDRES		
	(If yes, give war or date	s of service) SECU	RITY NO.						
No		218_		Jack 0.	Rummel		(Same)		
1B. 3 2	21/1		CAUS	E OF DEATH				INTERVAL BE	
DISEAS	SE OR CONDITION DI LEADING TO DEATH	RECTLY	01						
(This does	not mean the mode of	dying, e.g.,	DUE TO	nic Alcohol	L1Sm.				***********
injury or cor	, asthenia, etc. It means mplication which coused	deoth.)					300		
Δ	ANTECENDENT CAUSES								
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO							- eq	
UNDERLYIN	NG CONDITION LAST.	Allito III	(C)						
<u>0</u>	Ш		(0/						
OTHER SIG	NIFICANT CONDITIONS								
DISEASE O	R CONDITION CAUSING					•			
OTHER SIGN TO THE DISEASE O 19A. DATE OF	OPERATION 198. CON	DITION FOR WHICH C	PERATION	20A. AUTOPSY?		B. IF YES, WERE			
1 6				Yes	S			Yes	
O UNDERLYING	OR CONTRIB-	home, form, I	octory, street,	in or about 21 C. W office bldg., INJURY	OCCUR?	in Boltimore City	, give exact le	ocotion)	
<u>#</u>	ISE OF DEATH.	etc.)							
21 D TIME OF INJURY	(Month) (Doy) (Year	(Hour) 21E. INJUI	RY OCCURRED		W DID INJUR	Y OCCUR?			
(APPROX.)		m. WHILE AT	□ NOT AT V	WHILE VORK			1-1-1		
22.	tify that I held an 1	nquiry Inspec	tion Au	ntapsy X and	that an this	basis, death i	n my apinia	n	
resul	Ited fram: Natural ca	ses X Accident	Suicio	de Hamicia	de Un	determined ma	nner		
	0/		7	CHIEF ME	EDICAL EXA	MINER			
SIGNATURE ( Laules J. Leut). M.D. ASSISTANT MEDICAL EXAMINER X						NED			
EXAMIN	VER'S	s S. Petty,		ASSOCIATE MI				1/14/6	5
23A, BURIAL CRE	MATION, 23B DATE			or CREMATORY	23 D. LO	CATION (C	City, town, or	county) (	Stote)
Buria	1	965 Wood	alawn C	emetery	Bal	timore	County	7 . M	Id.
24A. DATE REC'D	BY HEALTH DEPT.	248 NAME OF REGIS	TRAR	24C. FUNERA	L DIRECTOR			DDRESS	
	JAN 18 1965	Robert E.	tarbey M.A	H.W.Jer	ikins 8	Sons C	Bali	imorel	2.Mc



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

()1	- 0505		BALTIMORE CITY	HEALTH DEPARTMENT		65 0585		
BIRTH NO. DE	5 0585		CERTIFICA	TE OF DEATH	Registered No.	00 0000		
M.E. CASE NO.	CEASED		GUIXTII TO		ND HOUR OF DEATH			
Type or Print)		Tomor	*			1 4.30		
. PLACE OF DI	Jackson		T. Sr	14. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution; residence before odmission)		
				A. STATE B. COUN	1 TY			
FULL NAME			give street	Maryland		4-03		
HOSPITAL OR	oddress or locotion	,		C. CITY OR TOWN (If ou		RURAL ond give township)		
				Baltimore				
Dage	and doubt the and d	- 7		D. STREET ADDRESS (If				
	vident Hospit			1918 Druid H		****		
. SEX	6. RACE	7. MARRIED WIDOWE	D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.		
Male	Negro	Marri	ied	8-16-01	63			
		108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?		
	f working life, even if retired)	Proce	esser Co.	Baltimore, Ma	bnelver	U.S.A.		
Labore				14. MOTHER'S MAIDEN NA	~	0.D.A.		
Jacks	on, Thomas			Turner, Mati	lda			
5. Was Decease	d Ever in U. S. Armed Form	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
No	The year, give wor or dole	or service,	219-22-5540	Eva Jackson-w	ife 1918	B Druid Hill Ave.		
18. /6	3 X I		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH		
DISE	ASE OR CONDITION DIR	ECTLY	0		7 - Ct T - 1-			
(This does	nat mean the made al	dvina Aa	1 • (A) Varc	Inoma of right	Telt Pope	of1-6-65 - 1-13-6		
heart failure	, asthenia, etc. It means	the disease	lung	with metastas	is to regio	onal		
injury ar ca	mplication which coused	death.)						
	ANTECEDENT CAUSES		DUE TO	hnode and live	A.A	- 1999		
	OR CONDITIONS, if							
	he abave cause (A) IG CONDITION last.	stating the	Z • (c) Pulm	onary congesti	on.	1-6-65 - 1-13-6		
ONDERETIN								
Z OTHER SIGN	II NIFICANT CONDITIONS C	ONTRIBILITIN	IG					
≅ TO THE	DEATH BUT NOT RELA	TED TO TI	HE					
U 19A. DATE C	F OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or No	ol 208, IF YES. WERE	FINDINGS CONSIDERED		
<u>-</u>	WAS PERF				IN CERTIFYING CA	USES OF DEATH?		
none	ENT WAS UNDERLYING	21	B. PLACE OF INJURY (e.g., i	yes	yes Uf in Boltimore	City, give exoct locotion)		
_ OR CONTRIE	BUTING CAUSE OF	hor	me, form, foctory, street, of	fice bldg., INJURY OCCUR?				
U	fy medical examiner)	erc	•1					
21 D. TIME OF INJURY	(Month) (Doy) (Year)		E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
(APPROX.)			hile At While At Work					
22   contif	v that (1) (this hasnital	) attended	the deceased fram	1-6-	19 65 to	1-13-65 19		
			1-13-65					
that (1) (we	e) last saw the decease	d dlive an.		19and th	nat in (my) (aur) api	nian death accurred an the date		
and have a	nd from the causes stat	ed above.	(I) (We) (did) (did nat) v	view the bady after death.				
23A. SIGNAT	URE				1.15. (2.2)	23B. DATE SIGNED		
1//		1	M.D. After	ending Med.	Stoff Phys.	THE STATE OF		
23 C. PHY 51 C	ANS	1-10	ndi od	23D. ADDRESS				
NAMEC		anfield	M.D.	722 N. Fulto	n Avenue			
4A. BURIAL CR			IAME of CEMETERY OF CR			ity, town, or county) (State)		
REMOVAL	(Specify)	244.	INIVE OF GENTETERS OF CR	240. [	CATION	ing, iown, or country) (21016)		
B uria	1/16/6	5 110	unt Auburn	Cemetery Ba	altimore.	1/6		
SA. DATE REC"	D BY HEALTH DEPT.		OF REGISTRAL	Cemetery   Ba	R	ADDRESS		
	JAN 18 1965 (	Roberto	E. Jankumil	Herbert E.	Nutter 30	35 W. North Ave		
/S 150-REV. 1/1	/65		*					



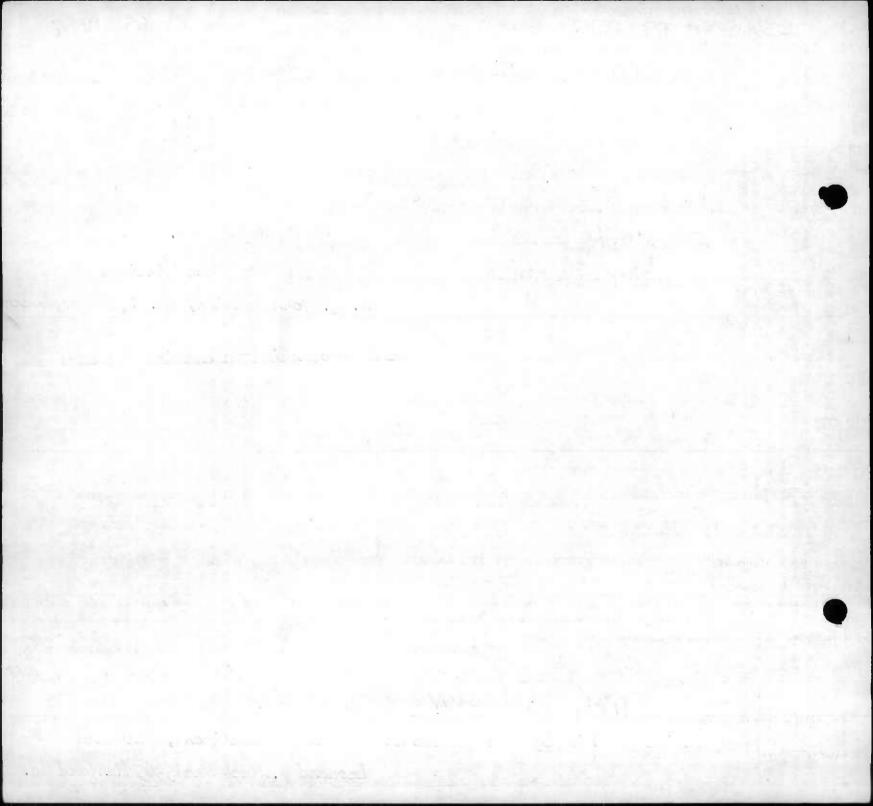
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his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and we help and was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death and death and death are contributing cause of death and death are contributing cause of death.	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
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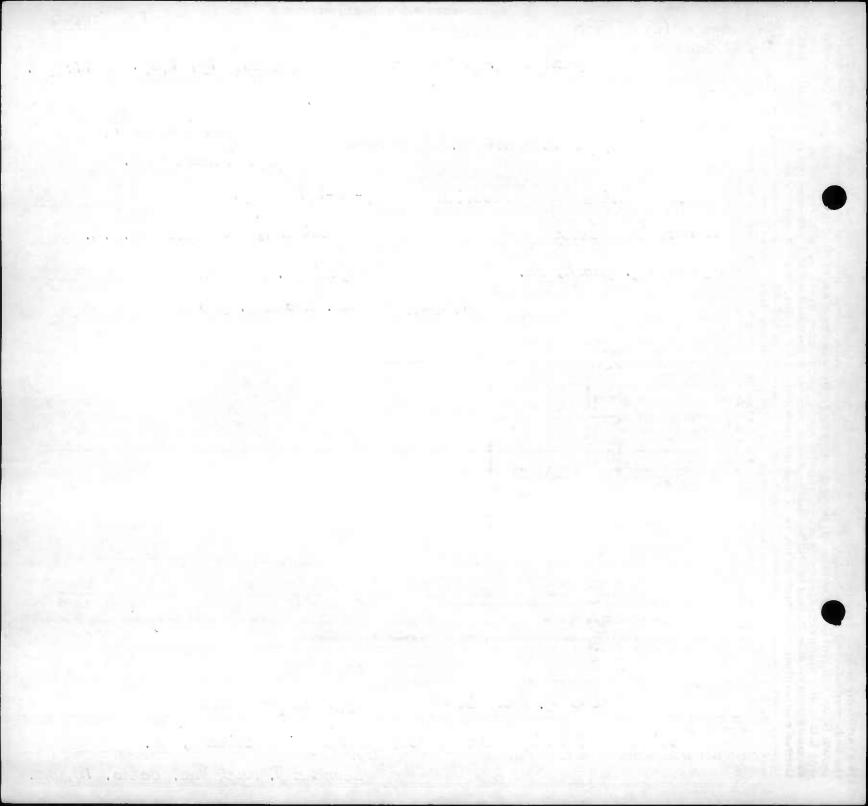
BALTIMORE CITY HEALTH DEPARTMENT 0586 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Sallie Belle Truesdale 1965 4. USUAL RESIDENCE (Where deceased lived, it institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND B. COUNTY A. STATE Maryland FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR address or location) C. CITY OR TOWN (If autside city limits, write RURAL and Baltimore D. STREET ADDRESS (If rural, give lacation) 3137 Artaban Place Artaban Place 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 6. RACE 8. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) last\_highdoy) Colored Female Widowed 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even if retired) Housewife Camden South Carolina Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Horace Rey olds Mazerine McCrav 15. Was Deceased Ever in U. S. Armed Farces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give war ar dates af service) SECURITY NO. Artaban Fl. Aaron INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the diseose, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving la the obave cause (A) stoling the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes at Na) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Baltimare City, give exact lacation) OR CONTRIBUTING CAUSE OF DEATH (natify medical examined etc.) MEDIC 21D. TIME (Manth) (Day) (Year) (Haur) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Nat While (APPROX.) At Work Wark 22. I certify that (1) (this hospital) attended the deceased from 1965 that (1) (we) last sow the deceased alive on ond that if (my) (our) opinion death occurred on the date hour and from the causes stated above (1) (We) (did not) view the body ofter deoth. ond SIGNATURE 23 B. DATE SIGNED Attending Phys. M.D. Med. Stoff Director L neigh Phys. PHYSICIAN'S 23D. ADDRESS NAME (Type) Emerson M.D. Juli 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, ar caunty) (State) REMOVAL (Specify) 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. ADDRESS Ave

		BALTIMORE CITY	Y HEALTH DEPARTMENT		
M.E. CASE NO.	0587	CERTIFICA	ATE OF DEATH		65 0587
1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN I	Mit3 F	mma_N.	4. USUAL RESIDENCE (WA. STATE B. CO		15 9 8 A tution: residence before odmiss
FULL NAME OF (I HOSPITAL OR ON INSTITUTION	f not in hospital as institution ddress or location)	20 11	c. CITY OR TOWN (III	and outside city limits, write RUI  MOTO IP	RAL and give township)
marylan	. //	hospital	D. STREET ADDRESS	(If rurol, give location) The Alam	
female WT	hite WIDOV	ED, NEVER MARRIED WED, DIVORCED (specify)  M Quald OF BUSINESS OR INDUSTRY	B. DATE OF BIRTH  8 / 2 8 / 9 6  Y 11. BIRTHPLACE (State or 6	lost birthdoys	If Under 1 Yr. If Under 24 Months Doys Mours Min
done during most of working li	fe, even if retired)			more Md.	WHAT COUNTRY?
John 15, Was Deceased Ever in	J. Noone	ML 16. SOCIAL	17. INFORMANT	ma 9 Mc Wi	Lliams ADDRESS
tres, no or unknown) tir yes,	give war or dates of service			. Schmitz, Jr	. 1920 Woodb
	ONDITION DIRECTLY OF TO DEATH		OF DEATH		ONSET AND DEATH
(This does not mean heart failure, asthenia	n the mode of dying, e. o, etc. It meons the diseo n which caused death.)		cute Myocardi	al Infarction	n 3 days
DISEASES OR COM	DENT CAUSES  NDITIONS, if ony, giving course (A) stating to DITION last,				
TO THE DEATH	CONDITIONS CONTRIBUT BUT NOT RELATED TO ION CAUSING IT.	TING THE		10.00	
THE O	198. CONDITION FO WAS PERFORMED		•	No. 208. IF YES, WERE FIN IN CERTIFYING CAUS	ES OF DEATH?
OR CONTRIBUTING DEATH (notify medical	CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltimore C	City, give exoct locotion)
S OF INJURY		21E. INJURY OCCURRED  While At Not Whi Work At Work	k 🗀	NJURY OCCUR?	
that (I) (we) lost so	w the deceased alive o	on January   (1) (We) (did) (did not)	6 19 65 ond		on death occurred on the
23A, SIGNATURE  23C: PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION REMOVAL (Specify) Burial  25A. DATE REC'D BY HEA	in put	PP. M.D. AH	tending Med. ys. Director		January 16.
NAME (Type)	M. Pil	SUN M.D.	maryla	nd genera	al Rospital
REMOVAL (Specify) Burial	1/20/65 /	New Cathedra	10	Baltimore,	4. 1 1
25A. DATE REC'D BY HEA			25C. FUNERAL DIRECT		



5-	630	1
).	vas released to the hospital by a medical examiner or his assistant if death occurred in a hospital and was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death An accident of any nature, (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	are a mospinal (except where the physician was in regular attendance on the case of prior to death. Such
	spital of d	eath.
0	cause (Se; (5	to d
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	occurr	ased
	or co	dece
F	direct; (4) U	n the
FUNERAL DIRECTOR: IMPORTANT	the the kind	ince o
MPO	lso, if of any	Hendo
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	vas released to the	are a mospitul (except where the priyation will promote a good to be a princed again. The special princed to the control of th
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	vas r	prior

1271	BALTIMORE CITY	HEALTH DEPARTMENT
Depet .	M.E. CASE NO. CERTIFICA	TE OF DEATH Registered No. 00 0588
of deatlored of deatlored of deatlored of deatlored of the Suc	(Type or Print) George E. Groth	January 15, 1965. 11:45A.m.
SS (S)	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, give street	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. 2701
cause use; (5 tendai	HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Baltimore # 14
ing ing ca at at	4638 Harcourt Rd.	D. STREET ADDRESS (If rurol, give locotion) 4638 Harcowrt Rd.
ntribut rmined egular ased p	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Male White Married	8. DATE OF BIRTH 9. AGE (In years of Under 1 Yr. If Under 24 Hrs. Months: Days Min.
irect or con ; (4) Undeter: h was in re in the decea	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) done during, most of working life even if retired) Production Planer	Baltimore, Maryland U.S.A.
de ct	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
4 (4)	George E. Groth, Sr.	Elsie I. Gelston
B 0 5 0 -	15. Was Deceased Ever in U. S. Armed Forces? 116. SOCIAL	17. INFORMANT ADDRESS
kin de de	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 217038956	Mrs. Leona C. Groth Same
if the inthe inthe inthe inthe inthe interest in it is a second in its interest in its interes	18. 16 2 1 CAUSE OF	
so, so, of or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)	7 OF LUNG 5/1964
rtur ar bal	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which coused deoth.)	no lachum ary Februs 1963
fra fra em	ANTECEDENT CAUSES  DUE TO	of the state of th
exam (3) A an wh in re	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the (C)	
edical dical urns; (ysicia was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
me me y bu phy ian e re	A DISEASE OR CONDITION CAUSING II.	100 1
chie Bod the ysic e th	19A. DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
+= 000	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off DEATH (notify medical examiner)	or obout 21 C. WHERE DID (If in Boltimore City, give exact location) ice bldg., INJURY OCCUR?
hospite nature; ept wh d (6) No	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  While At Not While	21F. HOW DID INJURY OCCUR?
y ne h y ne xce ind btai	22. I certify that (I) (this hospital) attended the deceased fram	1963 19 10 1/15/6519
9 (e	that (I) (we) last saw the deceased alive an 114/65	19 and that in(my) (aur) apinion death accurred an the date
sed to sed to ant of spital eath)	and haur and from the causes stated above. (1) (We) (did) (did not) vi	iew the bady after death. 1145 Am 1/15/65
dear dear dear dear	23A. SIGNATURE	23B, DATE SIGNED
al ho	Mala Thay gm M.D. Atter	nding Med. Stoff Phys.   1/15/6
was r was r A. at a prior	23C. PHYSICIAMS NAME (Type) Walter E. Karfain M.D.	4331 Hartord Road
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	122
This certi the body shows: (1 was D.O. deceased	Burial 1/18/65 Loudon Park (	Cemetery Baltimore, Md.
he b how vas lece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
F + 0 5 0 3	IAN 18 1900 ULLENG E. Career	Leonard J. Ruck Inc. Balto. 14, Md.



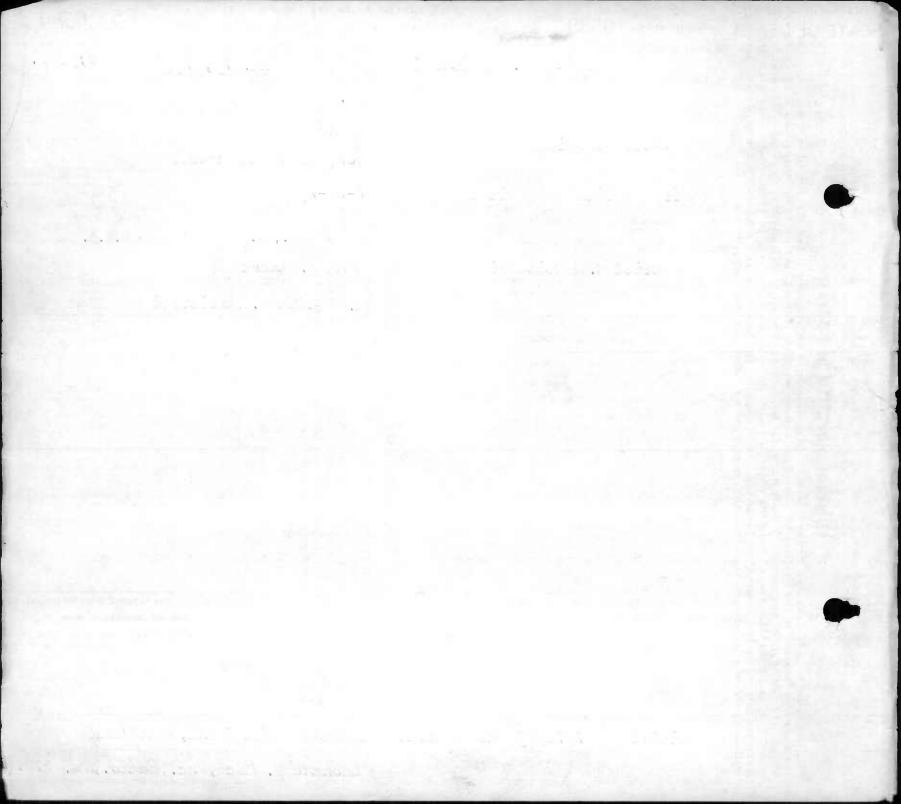
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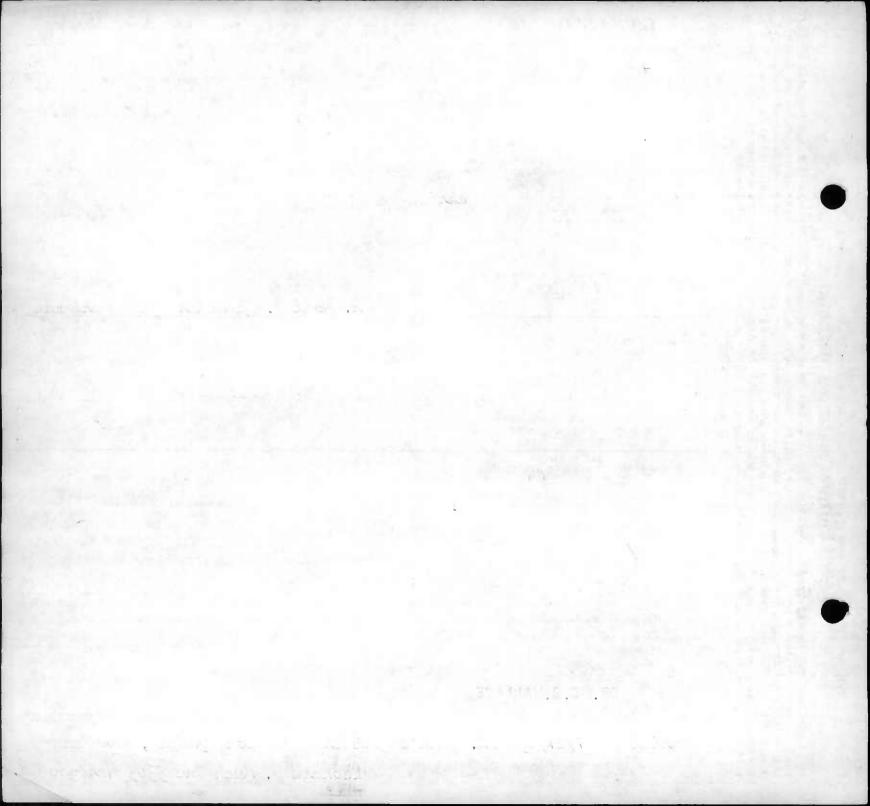
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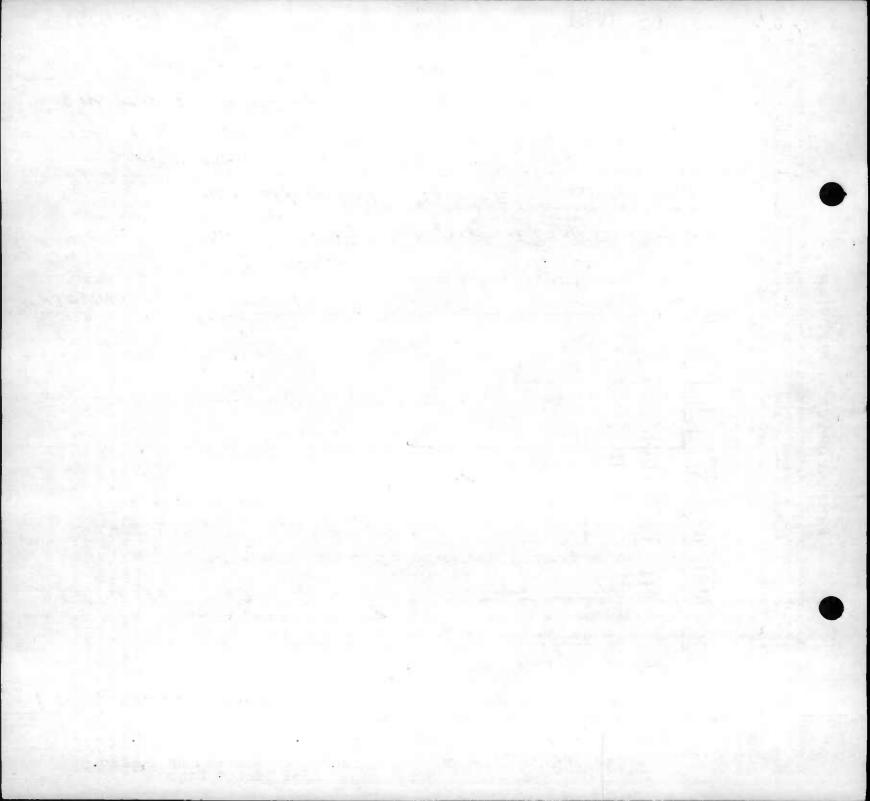
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMORE CITY	HEALTH DEPARTMENT		C5 OFGO	
	тн но. 65 0590	CERTIFICA	TE OF DEATH	Registered No.	65 0590	
1,1	E. CASE NO.			D HOUR OF DEATH		
	pe or Print ANN ELIZABE	TH CHANDL		18/65	1:00 Am.	
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN		nstitution: residence before admission)	
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)		Mix		21-00	
	INSTITUTION . 1.	. ,	C. CITY OR TOWN (If outs	side city limits, write	RURAL and give township)	
	Union Minin	ral	D. STREET ADDRESS	ural, give location)		
			3230 Non	thurns	Di.	
5.		RIED, NEVER MARRIED  QWED, DIVORCED (specify)	10 /29 /3 5	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min,	
	N. USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?	
1	mse mle		Mil.		4.5-	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE		
	John Livereston		alin L	recy		
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, go or unknown) (If yes, give wor or lotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
			Mr. Noel J. (	handler	3230 Noathway Di	
	18.5 72 0 1	CAUSE C	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	\$	Zy Recional	E. feri to		
	(This does not mean the mode of dying, e.g.,  O(A)  O(B)  O(B)  O(B)					
	hearl foilure, asthenia, etc. It means the disease, injury or complication which caused death.)					
	ANTECEDENT CAUSES	(B) DUE TO	white about	at aire		
	DISEASES OR CONDITIONS, if any, gi					
	UNDERLYING CONDITION last.	(0)		<u> </u>		
z	II CONTRACTOR CONTRACTOR	ITING				
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	) THE				
	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED	
ERTIFIC	0		n/&)			
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	in ar about 27°C. WHERE DID  Iffice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exact location)	
	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
8	(APPROX)	While At Work Not Whi			,	
	22. I certify that (I) (this hospital) attended the degeosed from 2/6 19 64 to 19 64.					
	that (1) ( lost sow the deceased alive	on ///8	19 6 1 ond the	ot in (my) (our opi	nion death occurred on the date	
	and hour and from the causes stated above	ve. (1) ((a) (did not)	view the body ofter death.	- Property		
	23A. SIGNATURE	ending Med.	Staff	23B. DATE SIGNED		
	130 allace	M.D. Att	s. Director	Phys.	1/18/41	
	NAME (Type) DR. C.B.WALI	ACE	23D. ADDRESS	he	- 11	
24	A. BURIAL CREMATION, 24B. DATE 24	ENICK MADE OF CEMETERY OF CR	FMATORY 240 10	CATION IC	ity, town, or county) (Stote)	
1	REMOVAL (Specify)					
25	Burial 1/21/65  A. DATE REC'D BY HEALTH DEPT. 258, NA	ME OF REGISERAR	25C, FUNTRAL DIRECTOR	Long Gree	n , Maryland	
	IAN 1 8 1965 10 0	of E farbura			5305 Harford Rd.	
VS	150-REV. 1/1/65	W4 -	-control of			



1965 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 1212 (If outside city limits, write RURAL and give township) If Under 1 Yr. Months Doys If Under 24 Hrs. Hours 12, CITIZEN OF WHAT COUNTRY? ADDRESS Kohn 1421 WAIRER INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) ond that in (my) (tox) opinion death occurred on the date he body was released 23B. DATE SIGNED eceased town, or county) shows: Baltimore, Md. Was 25A. DATE REC'D BY HEALTH DEPT 25C. FUNERAL DIRECTOR ADD Schimunek Funeral Home, Inc. ADDRESS 3331 Brehms Lane VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



0592 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 5 9 3.3 0 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) Jan. 15, 1965 1:45 P. Ethel B. Shutt 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A, STATE
B, COUNTY Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township Baltimore D. STREET ADDRESS (If rurol, give location) Union Memorial Hospital 3114 Royston Avenue 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED(specily) Months, Doys, Hours, Min. 79 White Female 10A. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOWSEWIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16. SO CIAL Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO. Ame INTERVAL SETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Hypertensive and arteriosclerotic LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) cardiovascular disease ANTECENDENT CAUSES DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? MEDICAL 21 A. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in 8oltimore City, give exoct location) home, form, factory, street, office bldg., INJURY OCCUR? UTING CAUSE OF DEATH. 21 D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) OF INJURY (APPROX.) WHILE AT NOT WHILE Inspection X Autopsy I certify that I held an Inquiry ond that on this basis, death in my opinion resulted fram: Notural couses X Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER X SIGNATURE. Jan. 16, 1965 ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) John E. Adams. M.D. 23A. BURIAL CREMATION, 23C. NAME of CEMETERY or CREMATORY 23B. DATE 23D. LOCATION (City, lown, or county) REMOMAL (Specify) 000 47WM 248 NAME OF REGISTRAR 24A. DATE REC'D BY HEALTH DEPT. 24C. FUNERAL DIRECTOR

VS 151-REV. 1/1/65

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	his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased vas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the eccased prior to death. Such
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	his certificate must be he body was released hows: (1) An accident of as D.O.A. at a hospital eccased prior to death
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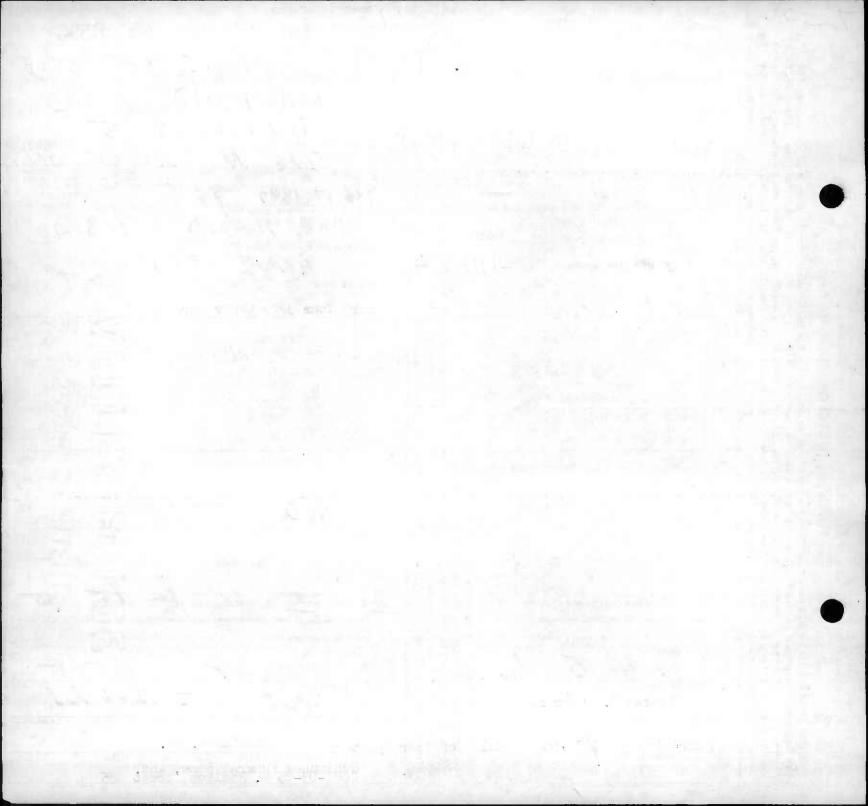
BALTIMORE CITY HEALTH DEPARTMENT 0593 CERTIFICATE OF DEATH Registered Na.. BIRTH NO. M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Where deceosed lived. If institution: residence before 4. USUAL RESIDENCE 3. PLACE OF DEATH IN BALTIMORE, MARYLAND COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) write RURAL and give township) INSTITUTION D. STREET ADDRESS Avenue 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthdoy) 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Home touse un 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BRUSAK WENCESLAUS 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Earl Tume 3803 Cedar Hurst Road CAUSE OF DEATH INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY DENOCARUNOMA OF BREAST LEADING TO DEATH (This does not mean the made of dving, e.g., hearl failure, asthenia, etc. Il meons the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving 5 rise to the above couse (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED CERTIFI WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) MEDI 21 D. TIME (Hout) (Month) (Doy) (Year) 21 F. HOW DID INJURY OCCUR? obtained 21E, INJURY OCCURRED OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this hospital) ottended the deceased from 19 that (I) (we) last saw the deceased alive an ond that in(my) (our) apinion death accurred on the date and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE 23B. DATE SIGNED M.D. Attending Phys. Med. Stoff Director \_ Phys. approval 23C. PHYSICIAN'S 23D. ADDRESS Reuben C. Guerrero 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) decease Baltimore, Md. 1/18/65 25A. DATE REC'D BY HEALTH DEPT. ADDRESS

Holy Redeemer Cemetery

258. NAME OF REGISTRAN

25C. FÜNERAL DIRECTOR

Schimmnek Fun Schimunek Funeral Home Inc. 2601-03-05 E. Madison Street VS 150-REV. 1/1/65



and of death Deceased

hospital

kind; (4) Undetermined cause; (5)

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the body was released to the hospital by a medical shows: (1) An accident of any nature; (2) Body burns;

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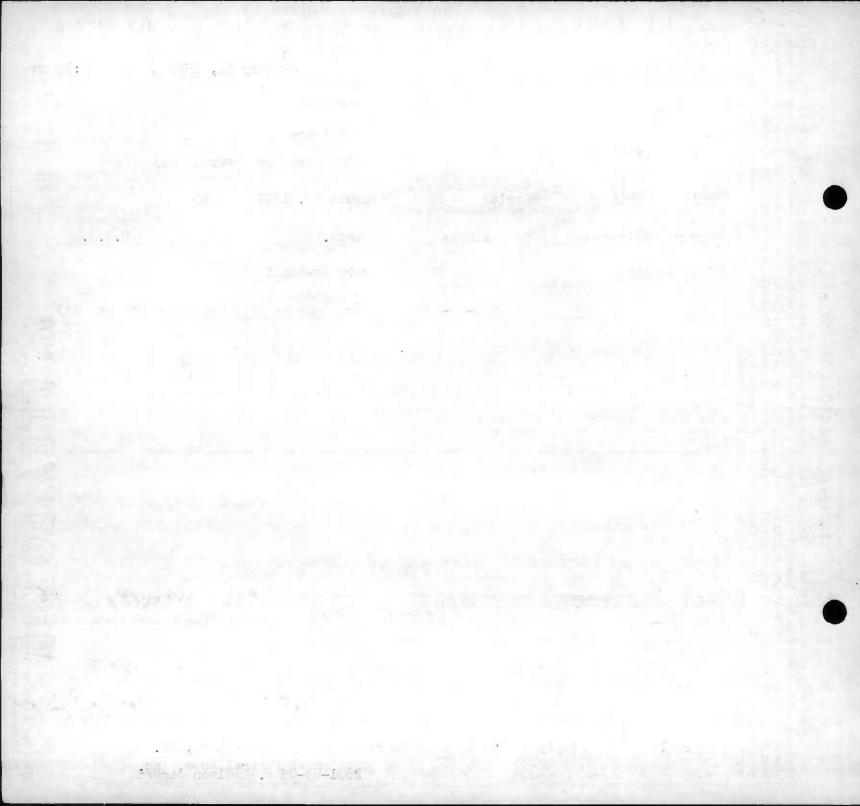
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Lat a hospital (except where the physician who pronounced death was in regular attendance on t	prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Su	
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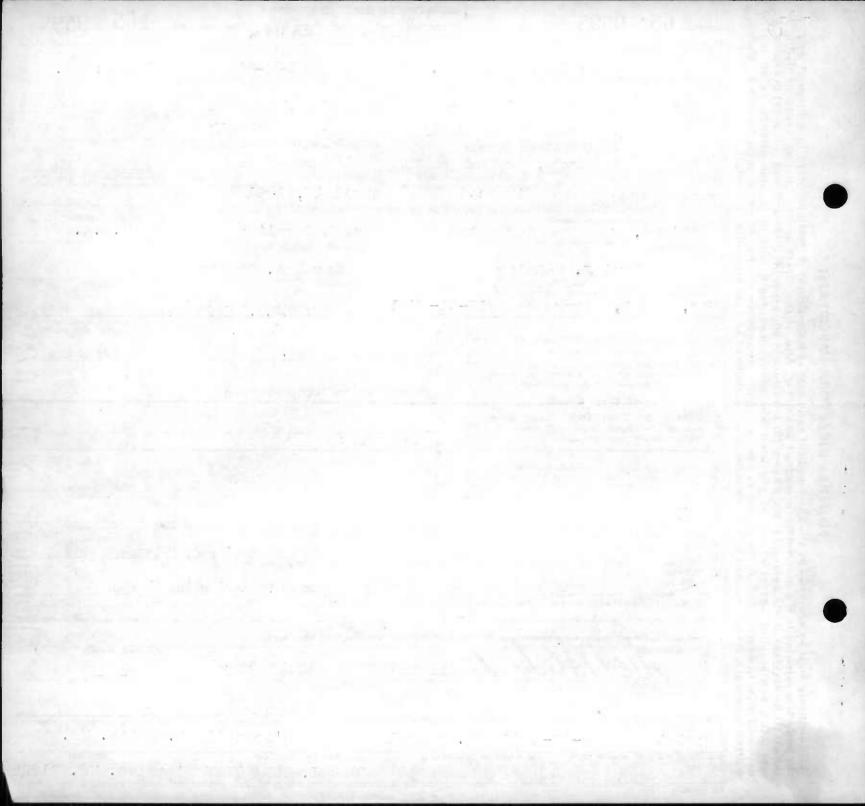
BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH FRANK YUHANAK January 14, 1965 6:15 am M

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND A. STATE Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township Baltimore D. STREET ADDRESS (If rurol, give location) 3829 Ravenwood Avenue 3829 Ravenwood Avenue 5. SEX 7. MARRIED, NEVER MARRIED 6. RACE B. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. 9. AGE (In years Hours WIDOWED, DIVORCED (specily) lost birthdoy Male August 10, 1899 White Married 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Czech. Tavern Business Own Business 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME John Yuhanak Mary Kominski 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. (NeeGonda) Mary Yuhanak 3829 Ravenwood Avenue ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury or camplication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the (C) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? U (II in Boltimore City, give exact location) DEATH (notify medical examined etc.) MEDI 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this hespital) attended the deceased from that (1) (aux) last saw the deceased alive an and that in (my) (ap)/pinian death accurred an the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURI 23 B. DATE SIGNED Attending 1 23 C. PHYSICIAN 23D. ADDRESS NAME (Type -OUIS 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY REMOVAL (Specily) Burial 1/16/65 Oak Lawn (25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR JAN 18 1965 Color E. Ta Oak Lawn Cemetery Baltimore, Md. Schimunek Funeral Home Inc. 2881-03-05 E. Madison Street ADDRESS VS 150-REV. 1/1/65



AB

		BALTIMORE CITY	Y HEALTH DEPARTMENT	<i>(</i> ) <i>(</i> ************************************
BIRTH NO. 65 M.E. CASE NO.	0595	CERTIFICA	TE OF DEATH Registered No.	65 0595
I, NAME OF DECEA	SED		2. DATE AND HOUR OF DEATH	
(Type or Print)	Charles	Mahalev Sr.	1-16-65	1 3:05 A. M
3. PLACE OF DEATH	Charles	RYLAND	4. USUAL RESIDENCE (Where deceased lived. If in A, STATE B. COUNTY	stitution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	oddress or location		Maryland, Baltimore c. CITY OR TOWN (If outside city limits, write)	RURAL ond give township)
		City Hospitals ern Avenue	Rural Dundalk  D. STREET ADDRESS (If rurol, give locotion)	53-00
	Baltimore	. Maryland #21224	215 Parkwood Road	
37.3	White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) DIVORCED	8. DATE OF BIRTH April 17, 1891 (In yeors	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF
Retired,	rking life, even if retired)	Carpenter	North Carolina	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	
	Paul I. Ma		Sarah A. Barnes	
	f yes, give wor or dote	s of service) SECURITY NO.	17. INFORMANT	ADDRESS
Yes, WW	I. Army	215-01-0721	RECORDS: B.C.H. 4940 East	om Aronic //2722/
18.	101	(0)	OF DEATH	INTERVAL BETWEEN
DISEASE	OR CONDITION DIR	RECTLY CO 1		ONSET AND DEATH
	ADING TO DEATH		re Fluid Loss	17½ Hours
	mean the mode of		re Fluid Loss	
	ihenia, elc. Il means ication which caused	dealh.)		
AN	TECEDENT CAUSES	Burns	80% of Body Surface	
	CONDITIONS, if	39		
	above cause (A)			
UNDERLYING	CONDITION last.	E des		
	11	5 43		
OTHER SIGNIFIC TO THE DEA DISEASE OR CO	CANT CONDITIONS C	ONTRIBUTING =		
	ONDITION CAUSING I	T. — — — —		
19A. DATE OF O	PERATION 198. CON WAS PERF	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT	WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	NO (If in Boltimore	e City, give exact location)
OR CONTRIBUTION	NG 🗌 CAUSE OF 👚	home, form, foctory, street, o	office bldg., INJURY OCCUR?	over, give exoci toednote
0		Home	215 Parkwood Road, B	altimore #21222
W OF INTITION	Month) (Doy) (Year)			
(APPROX.)		While At Not Whi	Burned while smoking	in hed
22. I certify th	at (1) (this baspital	) ottended the deceased fram		1-16 . 1965
		d olive on 1-16	19 65 and that in (my) (aur) opi	
				340m occorred an ine-dote
23A. SIGNATURE	11 011-	red obove. (I) (We) (dld) (did not)	view the body after death.	238, DATE SIGNED
25A. SIGNAT OKE	11/11/	// // M.D. AH	tending Med. Stoff	ZSW DATE SIGNED
10	IN TU	Jake Miss	Director Phys.	1-16-65
23C. PHYSICIAN	S /		23D. ADDRESS	
	Dr. Don A	lexander M.D.	4940 Eastern Avenue #21	221.
AA. BURIAL CREMA	ATION, 248, DATE	24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (Ci	ity, town, or county) (Stote)
Burial	Jan-19-	-1965 Mt. Carmel	O'Donnell St.	Balto. Md.
25A. DATE REC'D BY		25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
1		Relieb E. Farber M.A	JOHN J. DUDA 7922 Wis	
J	HIN TO 1202	Moren C. dans	AOIM A. DONE 1255 MID	Avo. Flue ZIZZZ
3 150-KEV. 1/1/65	11111111			

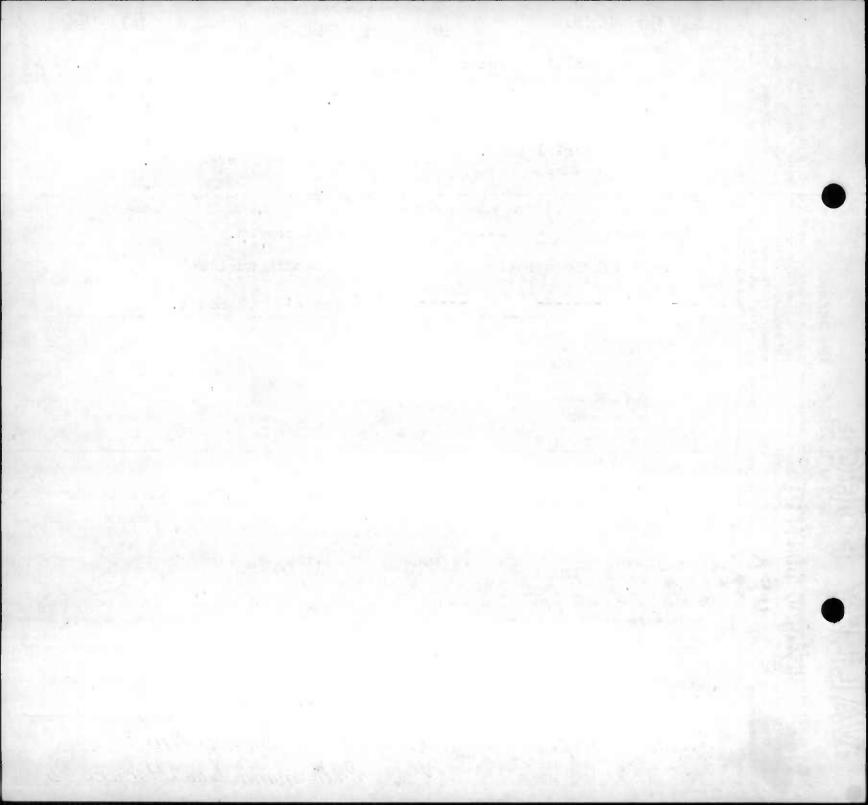


1965

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VS 150-REV. 1/1/65

05 0500		BALTIMORE CITY	HEALTH DEPARTMENT		0500
BIRTH NO. 65 0596 M.E. CASE NO.		CERTIFICA	TE OF DEATH	Registered Na.	65 0596
1. NAME OF DECEASED	e Fors	ter		6/65	12.10 A
3. PLACE OF DEATH IN BALTIMORE, MAI FULL NAME OF (If not in hospital of		grup street	4. USUAL RESIDENCE (WI A. STATE B. COL Md.	nere deceosed lived. If in	stitution; residence before odmission
HOSPITAL OR oddress or location	)	give sites	C. CITY OR TOWN (If	outside city limits, write	RURAL ond give township)
Union Memoria	l Hosp		Baltimore D. STREET ADDRESS		
				h Raven Bl	
5. SEX 6. RACE W		NEVER MARRIED  D. DIVORCED (specify)  OW	6/18/72	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEWIFE	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of fo		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		
Frederick Bohn	enberg		Elizebeth	Mueller	
15. Was Deceased Ever in U. S. Armed Ford	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dote:	s of service)	SECURITY NO.	Records	Hospt.	
DISEASE OR CONDITION DIR	ECTLY	CAUSE O	AS HD		INTERVAL BETWEEN ONSET AND DEATH
(This does not meen the mode of heart failure, astheria, etc. It means injury or complication which caused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if a see to the above cause (A) UNDERLYING CONDITION lost.	the disease, death.)	DUE TO  (B)  DUE TO  (C)			
OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT	TED TO TH	E			
19A. DATE OF OPERATION WAS PERF		WHICH OPERATION	20 A. AUTOPSY? (Yes or I	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. hom etc.)	e, form, foctory, street, of	or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimere	e City, give exact location)
21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)		INJURY OCCURRED  ile At Not While rk At Work		NJURY OCCUR?	
22. I certify that (1) (this haspital that (1) (we) last sow the decease and hour and from the couses state	d olive on	1/15			nian death occurred on the do
23A. SIGNATURE Wille	~	M.D. Atte	nding Med. Director	Stoff Phys.	23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)		M.D.	3D. ADDRESS		
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  3URIAL //8/63	5 /m	AME OF CEMETERY OF CRE	EM. 15	BALTO. M.	ty, town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT	Don B	FREGISTRAR H.A.	PA HOPMA	in (2067	Harton Rn



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

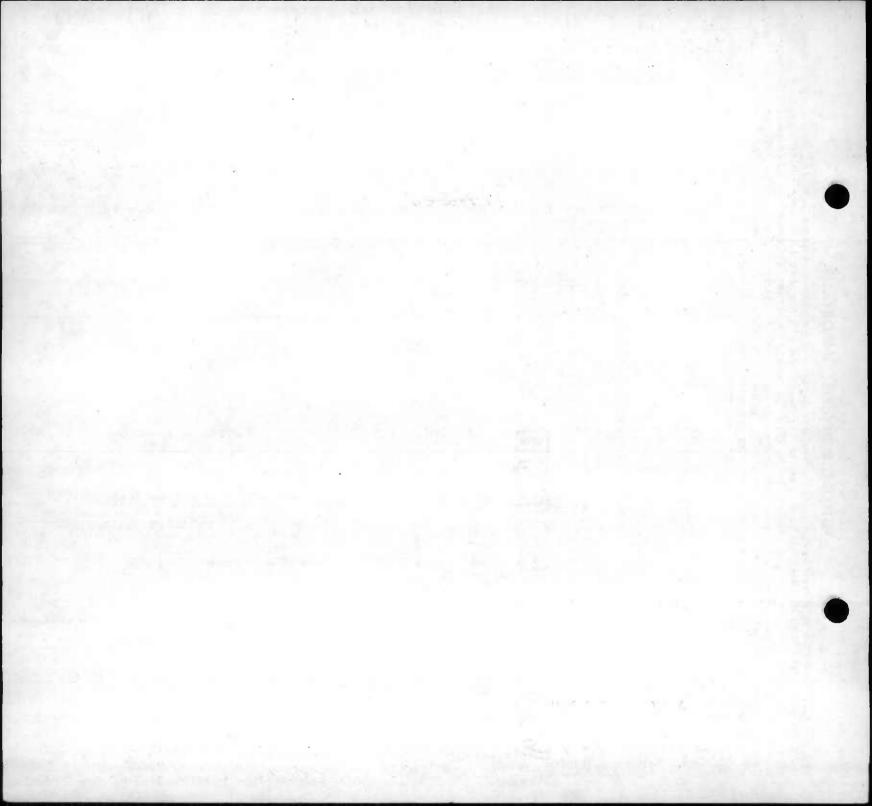
			BALTIMORE CITY	HEALTH DEPARTMENT		05
	TH NO. 65 0597		CERTIFICA	TE OF DEATH	Registered No	65 0597
1.1	NAME OF DECEASED  pe or Print)  John	J. P	Holley		nd hour of death	9651 M
3.	PLACE OF DEATH IN BALTIMORE, MA		· HOLLES	4. USUAL RESIDENCE (Whe	ere deceased lived. If inst	titution: residence befare admission)
CI	FURTHER OF TE (IF COPPERED TO SPITAL OR ODDIES OF TO CONTINUE OF T	TED Iton	2-26-65 give sileer	Maryland		4-01
	INSTITUTION	"			utside city limits, write RL	JRAL and give township)
			1000	Baltimore		
	South Baltimon	e Gen	eral Hosp.	D. STREET ADDRESS (III	n St.	
5.	SEX 6. RACE W	WIDOWED	NEVER MARRIED D, DIVORCED (specify) OWED	7/29/1891	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
	A, USUAL OCCUPATION (Give kind of work ne during most of working lile, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign cauntry)	12. CITIZEN OF WHAT COUNTRY?
100	Lift Operator & O	ler		Maryl	and	U.S.A.
	FATHER'S NAME	7-1-0-1		14. MOTHER'S MAIDEN NA		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	James Ho	lley		Icen	z==6onsorzy	Anne Clarke
15. (Ye	Was Deceased Ever in U. S. Armed For s, na ar unknawn) (If yes, give war ar date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No		215-01-2560	Adelaide Ho	rnick 1433	Lowman St.
	18. 14 50		CAUSE O			INTERVAL BETWEEN
	DISEASE OR CONDITION DIE	ECTLY	a à	0 0 0	/ /	ONSET AND DEATH
	LEADING TO DEATH		in Mr	1 portal	white	11/2/1/10.
	(This daes nat mean the made of		DUE TO		***************************************	
	heart failure, asthenia, etc. It means injury or camplication which coused		01	26.	- Ma :	1 32m = +
	ANTECEDENT CAUSES		(B)	No Sour	6,000	3/9/
	DISEASES OR CONDITIONS, if	any aivina	DUE TO	3		
	rise to the above cause (A)		(C)			
	UNDERLYING CONDITION lost.					
ATION	OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	TED TO TH	G E			
CERTIFICA	19A. DATE OF OPERATION 19B. CON WAS PER	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or N	O) 208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CAL CER	OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21B hom etc.	ne, farm, factory, street, o	n ar about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimate	City, give exoct location)
0	21D. TIME (Month) (Day) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
ME	OF INJURY (APPROX.)		ile At Not Whit	е	/	11 // 1-
		Wo			/-3	11,4/65
	22. I certify that (I) (this hospital	) ottended t	he deceosed from	1,15	.19to	19
	that (I) (we) lost sow the decease	d olive on	10/8	19 9 / ond th	hot in (my) (our) opin	ion death occurred on the date
	and hour and from the causes state	ed obove. (I	l) (We) (did) (did not) v	riew the body ofter death.	Wr. Lle	for R.
	23A. SIGNATURE		,		o trusted	23B. DATE SIGNED
	XTeles	_	M.D. Atte	ending Med.	Staff Phys.	1/16/61
	23C. PHYSICIAN'S			23D. ADDRESS	C 16	
	NAME (Type)		M.D.	D 11	2,0	T
24	E. S. Ellison.	240 41		107 E. West	St. #30	7.1.
241	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)		AME of CEMETERY of CRI		LOCATION (City	, tawn, ar county) (State)
	Burial 1/18/6	55 Ne	w Cathedral	Cemetery B	altimore. I	Maryl and
25	A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	OCC FULLERAL PLANES		ADDRESS CHE
	JAN 18 1965	1 Police ST	E. Jankey M.R.	Chartes F.	JIEVENS F	uneral Home, Inc
VS	150-REV, 1/1/65		<del></del>		15 U/ E	FOIL HVE.

05 0500	BALTIMORE CITY	HEALTH DEPARTMENT		65 0598
BIRTH NO. 65 0598	CERTIFICA	TE OF DEATH	Registered Na.	00 0000
I. NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
Charles C. Rettberg		Jam	ary 17, 196	4:15 A. M.
3. PLACE OF DEATH IN BALTIMORE MARYLAND		4. USUAL RESIDENCE (Wh	ere deceased lived. If in	stitution: residence before admission)
ERTIFICATE CORRECTED	1-25-55	A. STATE B. COU	NIY	11-01
HOSPITAL OR oddress or location)	give street	Mary Land		
INSTITUTION			urside city limits, write	RURAL and give township)
4700 Harford Road		Baltimore D. STREET ADDRESS (I	fural, give location)	
Harford Gardens Con				
Baltimore, Maryland	21214	101 West Mo	nument Stree	
5. SEX 6. RACE 7. MARRIEL WIDOWI	D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH 79	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
Male: White	Widowed	1/26/1965=	85	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND Come during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
		24 2 3		WHAT COUNTRY:
Retired Chief Clerk B &	O Railroad	Maryland 14. MOTHER'S MAIDEN NA	AME	
Charles Rettberg		Mary Dollin	ger	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	30	O Paddfigton Rd.
No None	40 451 49 RR	Mrs. James C.		0
18. // 0/ /	CAUSE O			INTERVAL BETWEEN
771/	OAUSE O	DEAM		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Buch	chopneumouia b	Lateral and	2 0000
(This does not mean the made of dying, e.g.	(A) DUE TO	cosof neumonia	mailcent harly	nig 2 anys
heart failure, asthenia, etc. It means the disease			"	
injury ar camplication which caused death.)	400			
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any, giving				
rise to the above cause (A) stating the UNDERLYING CONDITION last.	e (C)		••••••••••••••••••••••••••••••••••••••	
ONDERENING CONDITION (US).		1 8 1 1 1 1	78 0 feets	
Z OTUST SIGNISIANT SOURTINE CONTRIBUTION	(1) Cerebra	Thrombosis generalized	(1) HILENTO	: 21/2 years.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING IT.	HE SCIEVOSIS,	general, ca	3000 311	ic - years.
	HEUICEN	100 4	N and	
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
LR C				
OR CONTRIBUTING CAUSE OF	B. PLACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exact location)
DEATH (notify medical examiner)				
O 21 D. TIME (Month) (Doy) (Year) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
	hile At Not Whil	e 🦳		
(APPROX)	ork At Work			
22. I certify that (I) (this hospital) attended	the deceased from	July 26	1962 10	anuary 15,1965.
that (1) (we) last sow the deceased alive on.	January	1519 65 and 1	hot In(my) Laws) api	nion death occurred on the dote
and hour and from the causes stated above.  23A. SIGN AFURE	(I) (Mar) (SPE) (did not) V	lew the bady offer deoff.		loop mare cigaren
11.11 0 6 11.1	Aug Au	ndian = / Mad =	Stati	23 B. DATE SIGNED
Turky I Rushi	AND. Phy	ending Med. Director	Stoff Phy s.	1/18/63
23C. PHYSICIAM'S NAME (Type)	0 /	23D. ADDRESS	A -	4
GILBERT E.	KURYAN M.D.	2517 111.1	DALTO ST.	124LTO. 23, MD.
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME OF CEMETERY OF CRI	MATORY 24D	LOCATION (C	
REMOVAL (Specify)				ity, town, or county) (State)
	altimore Cemet	ery Ba	ltimore, Mar	yland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO		
IAN 1 8 1965 12 0	of REGISTRAN DOWN A	wm. p. Juhn	1 + Sm - 7	Patimore, and. 2121
VS 150 BEV 1/1/45		wm.h. oun	ar-one p	out ~ a wence

V.S. 153 1-25-65 M.H.

VS 150-REV. 1/1/65

	OF	OFRO	BALTIMORE	CITY HEALTH DEPARTMENT		65 0500
1	тн но. 65	0533	CERTIFI	CATE OF DEATH	Registered No.	00 0000
2 0.0	AME OF DECEA	SED , (1/1		2. DATE AN	D HOUR OF DEATH	
(Тур	e or Print) MCS	HELEN	Wissing	Jan	Ugry 15,191	51 11 50 PM
3. 1	LACE OF DEATH	IN BALTIMORE, MAI	RYLAND	4. USUAL RESIDENCE (When		tian; residence before admission)
	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital a address or location	or institution, give street	C. CITY OR TOWN (11 outs	Side city limits, write RUR	AL ond give township)
	Unior	Memor	ial Hospita	D. STREET ADDRESS, OF	urol, give location)	east Pakery.
5. 5	EX 6.	RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (special		AGE (In years If	Under 1 Yr. If Under 24 Hrs. onths; Doys Hours; Min.
		W	Widowed	4-6-41	73	
		ATION (Give kind of work) king lile, even if retired)	108 KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign	gn country)	CITIZEN OF WHAT COUNTRY?
	HSW)	F	NONE	Mp.		11.5.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAM	AE .	6
	TALL	E COT	TIER	IDA E	ISHEP	
15.	Was Deceased Ev	er in U. S. Armed Fore	:05? 1 6. SOCIAL	17. INFORMANT	101140	ADDRESS
(Yes	, no or unknown) (II	yes, give wor or dote:	s of service) SECURITY NO.	11114 81	INDT	
	no	none	2/2-18-3.	RIS UMIN CA	F/7/( )	
	1B. 15 =	3,01	CAU	SE OF DEATH	1 1 1	ONSET AND DEATH
		OR CONDITION DIR ADING TO DEATH	ECTLY	2 lateral and	lucut Dun	colorha present
	The second second	meon the mode of	dying, e.g., DUE TO	or tall the	4	
	heart failure, as	thenio, etc. It meons	the disease,	i hear per	fire of	Som !
		cation which coused	deoth.)	Carlinomer 6	I the cecu	m c
	AN	TECEDENT CAUSES	DUE TO			1 1
		CONDITIONS, if above couse (A)		partial miles	L'und ole	strution.
		CONDITION last.	storing the (C)		***************************************	•••••••••••••••••••••••
		- 11		-	4	
CERTIFICATION	TO THE DEA	ANT CONDITIONS CONTROL OF THE BUT NOT RELATED TO THE PROPERTY OF THE PROPERTY	TED TO THE / Suno	ralized orle	in volland	es, rashed
TIFIC	19A. DATE OF O	PERATION 198. CON	DITION FOR WHICH OPERATION ORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED OF DEATH?
CER	21A. ACCIDENT	WAS UNDERLYING	21B. PLACE OF INJURY	e.g., in or obout 21 C. WHERE DID	(If in Boltimore Ci-	ty, give exact location)
CAL	DEATH (notify m	NG CAUSE OF	home, lorm, lactory, streetc.)	et, office bldg., INJURY OCCUR?		
	21 D. TIME (A	Aonth) (Doy) (Yearl	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
2	OF INJURY (APPROX.)			While		
		40.44.		Work	- //-	1/10-1/10-
			attended the deceased from	- 1 / / / / 1	9 65 10	1/12/1965.
	that (I) (we) lo	st sow the decease	d olive on	1963 and the	at in (my) (our) opinfar	death occurred on the date
	and hour and fr	om the couses stat	ed above. (I) (We) (did) (did n	not) view the body after death.		
	23A. SIGNATURE	11 1			231	R. DATE SIGNED
	11. 2	altial 18	Luner M.D.	Attending Med. Director	Stolf Phys.	1/15/15
	23C. PHYSICIAN		The state of the s	23D. ADDRESS		4-103
	A.LAI			M.D.		
24A	BURIAL CREMA	TION. 248. DATE	24C. NAME of CEMETERY of		CATION (City, 1	own, or county) (State)
	REMOVAL (Spe	cily)	4 , 6	11. + 1	14.	
25.4	Curial	HEALTH DEPT.	25B. NAME OF REGISTRAR	the amelly Bo	allmore, hi	ADDRESS >
254	JA		DO R. C. I. D	DIRECTOR	a R	allimore, m. 1. 2
	ÄU	TO 1909 (	Tarkey M.	Wn. L. Ducks	und Sono 2	with LPA, Ove



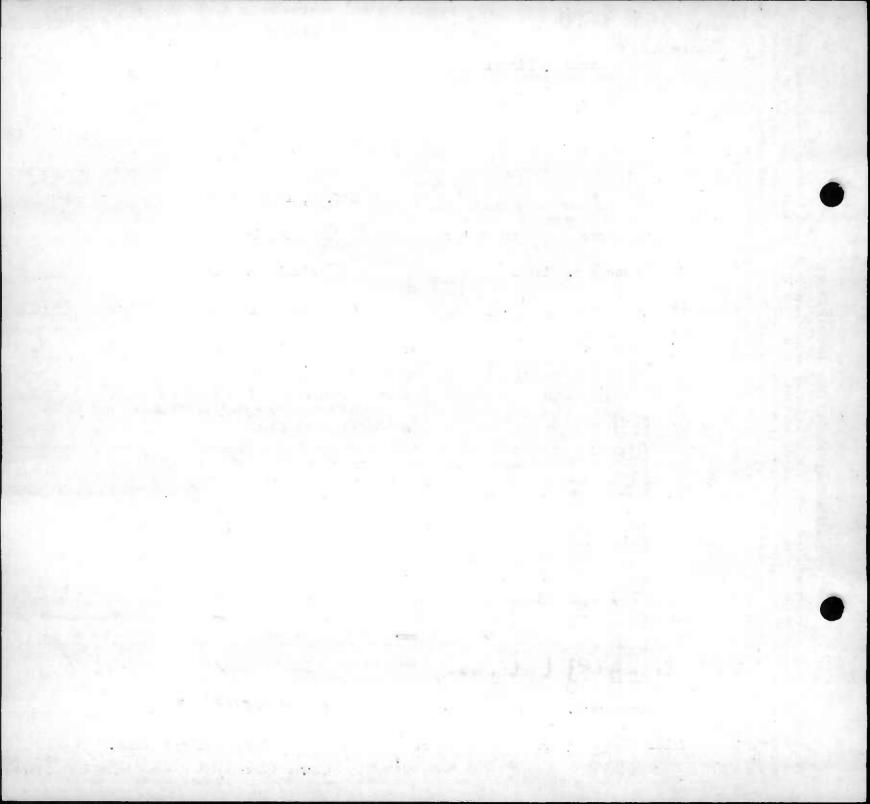
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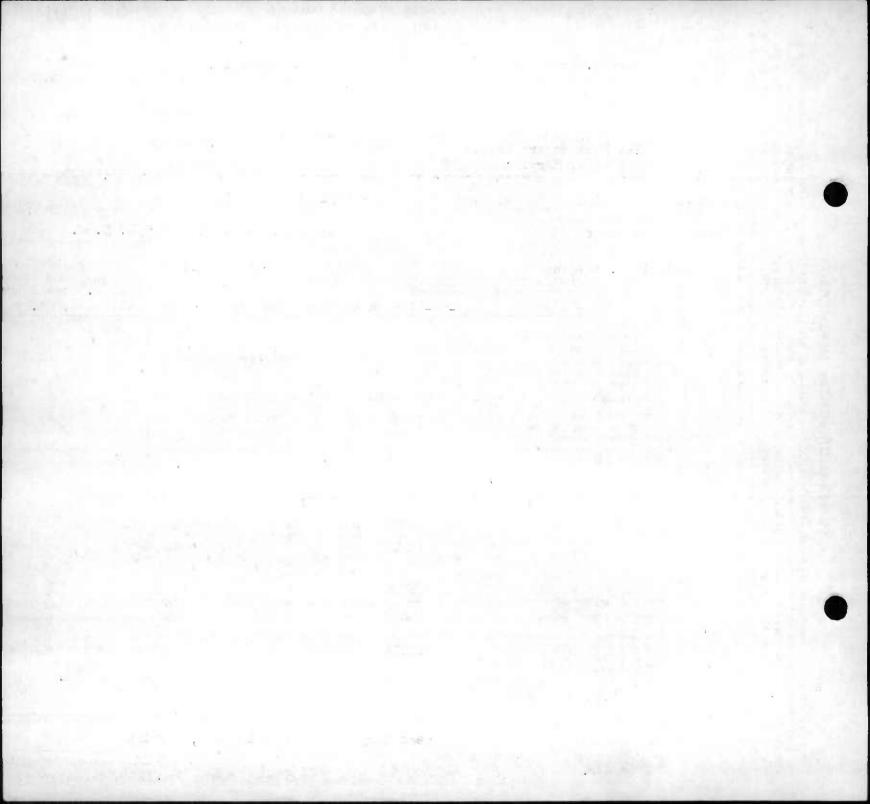
shows:

Was

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type at Print) Marie H. Fishel 61 3. PLACE OF DEATH IN BALTIMORE, MARYLAND USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddiess or location) C. CITY OR TOWN (If outside city limits, write RURAL and ENTRIDGE If Under 1 Yr. If Under 24 Hrs. Manths: Days Haurs: Min. 12. CITIZEN OF WHAT COUNTRY? SA ADDRESS Memoria ONSET AND DEATH 20 A. AUTOPSY? (Yes at No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact lacation) 19 6 and that in (aur) apinian death accurred an the date 23 B. DATE SIGNED 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY REMOVAL (Specify) 258. NAME OF REGISTRAR 259. FUNERAL DIRECTOR VS 150-REV, 1/1/65



CF 0004	BALTIMORE CITY	HEALTH DEPARTMENT		65 0601
BIRTH NO. 65 0601. M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na.	7 0001
1. NAME OF DECEASED (Type or Print) Clara H. McKenney			nd hour of death ary 15, 1965	1230 P M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Wh	ere deceased lived. Il ins	titution: residence belove admission)
FULL NAME OF (II not in hospital or instituti HOSPITAL OR address or location)	on, give sheet	Maryland B. COU	2	7-15
INSTITUTION	11 - 1 - 2	C. CITY OR TOWN (II o	utside city limits, write R	URAL ond give township)
Methodist Home for		Baltimore D. STREET ADDRESS	frurol, give location)	
2211 West Rogers A				
Baltimore, Marylan 5. SEX 6. RACE 7. MARR	IED, NEVER MARRIED	B. DATE OF BIRTH	ogers Avenue	II Under 1 Yr. , II Under 24 His.
Female white w	web, DIVORCED (specily)	9/25/1882	lost birthdoy)	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or los	eign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Homemaker		Baltimore,	Maryland	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Benjamin G. Hayden		Mary Cather	ine Cunkle	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		2211 W. Rogers
no none	217-48-3796	Methodist Home	for the Aged	
WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)	ring 1he (C)	lusive Cardio	IO) 20B. IF YES, WERE FI IN CERTIFYING CAU	
OF INJURY	White At Not Whi			
(APPROX)	Work At Work			1
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive and haur and from the causes stated above 23A. SIGNATURE  Solut W Barual  23C. PHYSICIAN'S NAME (Type) FOHN W BARA	e. (1) (We) (dld) (dtd nor)			Tallery 1963  238. DATE SIGNED  16 Jan 65
24A. BURIAL CREMATION, 24B. DATE 246	C. NAME of CEMETERY of CR		LOCATION (City	y, town, or county) (State)
Burial 1/18/65	Parkwood Ceme t	ery B	altimore, Man	
JAN 18 1965	b & Farbund	Um. 2. Jechy	12	allimae, smd. 1
VS 150-REV. 1/1/65				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 0602
BIRTH NO. 65 0602	CERTIFICA	ATE OF DEATH	Registered No.	2000 00
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)		2. DATE AND	HOUR OF DEATH	
Lula W. Reese		Janua	ary 14, 196	5 I M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Where A. STATE B. COUNT)	deceosed lived. If in	stitution: residence before admission)
FULL NAME OF (If not in hospital ar insti	itution give street	Maryand		Balta
HOSPITAL OR address ar lacotian) INSTITUTION	nonon, give sheel	C. CITY OR TOWN (If autsi	ide city limits, write	RURAL and give tawnship)
House in the Pine	s - Belvedere	Villa Nova		53-00
2525 West Belved	ere Avenue	D. STREET ADDRESS (If ru	ral, give location)	J. C D. V
Baltimore, Maryla		4028 Raleigh	Road 8	
5. SEX   6. RACE   7. MA	ARRIED, NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Female White	DOWED, DIVORCED (specify) Widowed	3/1/1885	st birthdayl	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, K)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State ar fareign		12. CITIZEN OF
done during mast of warking life, even if retired)				WHAT COUNTRY?
Homemaker 3. FATHERS NAME	Home	Crapo, Marylar	nd	
A LUMBY & HUMP		MOINERS MAIDEN NAM	E.	
Samuel J. Wheatley		Lucy Burnestir	1	
5. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown) (If yes, give war ar dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		4028 Raleigh Road
	h a a	Wn Walton ID D	Pages Im	
18. / 4 9	CAUSE	Mr. Walter P. F	toese, dr.	Villa, Nova 8
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	0	orceveriol	mer	37110
(This daes not mean the made of dying,		and Oppos	1	7.00
heart failure, asthenia, etc. It means the di injury ar camplication which caused death.		and come		10-100
ANTECEDENT CAUSES	(B)			
	DUE TO			***
DISEASES OR CONDITIONS, if any, rise to the above cause (A) station				
UNDERLYING CONDITION last.	3	100 km² dik 0 ki 11 m² kin muun en	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***************************************
1				
OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING			
DISEASE OR CONDITION CAUSING IT.				
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CONTRI 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE I	FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore	City, give exoct locotion)
DEATH (natify medical examiner)	etc.)			
21D. TIME (Month) (Day) (Year) (Hou	1) 21E INJURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?	
OF INJURY	While At Nat Wh			
	Wark At War	24.	10-	44
22. I certify that (I) (this hospital) atter		- YOU - 30 19	6410 HOS	114 1965
that (I) (we) last saw the deceased aliv	e an feler	12 19 65 and that	in(my) (our) api	nion death accurred on the date
and have and from the causes stated ab-				
23A. SIGNATURE	)			23B, DATE SIGNED
(Karattakal)		Hending Sted. St	taff	1/10/1-
23C. PHYSICIAN'S	The Ph		hys.	113/65
NAME (Type)		23D. ADDRESS		
LESTER N. KOL		3700 FAR	K HEIGHTS	AVENUE
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of C	REMATORY 24D. LO	CATION (Ci	ty, town, or county) (State)
Burial 1/18/1965	Lorraine Park	Constinu	dlam W.	-7 3
	TOTAGETHO TOLK	White WOO	Mar. War	VIANO
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
JAN 18 1965	See & Farber M.A	25C. FUNERAL DIRECTOR	18. 13	pland allimore, and. 212 with LP & avene

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			BALTIMORE CITY	HEALTH DEPARTME	ENT			- 0.0
BIRTH NO. M.E. CASE NO.	65 06	03	CERTIFICA	TE OF DEAT	TH	Registered Na.	65	0603
1. NAME OF DECEAS	ED			2. D/	ATE AN	D HOUR OF DEATH		
(Type or Print)		rank Nav	rarro	l,	lan.	14. 1965		6 35 A M.
3. PLACE OF DEATH				4. USUAL RESIDENC A. STATE B.		e deceosed lived. If in	nstitution; resider	nce before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital oddress or location		ve street	c. CITY OR TOWN	(If out:	side city limits, write	RUBAL ond give	e township)
					imor		7/13	
1	420 W. Cold	Spring	Lane	D. STREET ADDRESS		Cold Spring	Lane	
5. SEX 6. I	RACE		NEVER MARRIED	B. DATE OF BIRTH	19	9. AGE (In years	If Under 1 Y	r. , If Under 24 Hrs.
Male	White	Never 1		Feb. 15, 19	<b>103</b>	lost birthdoy) 61	Months Doy	
done during most of work	ing life, even if retired)	Barber	BUSINESS OR INDUSTRY		or forei	gn country)	U.S.A	OUNTRY?
Barber	'	par ner	Shop	Italy	EN NAA	AF	0.00.	1.0
13. PAINER 3 NAME	Lucian N	avarro				e Cosinano		
15. Was Deceased Eve			1 6. SOCIAL	17. INFORMANT			ADI	DRESS
(Yes, no or unknown) (If	yes, give wor or date	s of service)	SECURITY NO. 212-09-0728	Mrs. Lucill	e Pa	tti, 1418 W	I. Cold S	Spring Lane
(This daes not heart failure, ast injury or camplic AN DISEASES OR rise to the	ADING TO DEATH mean the mode of henia, etc. It means cotian which caused FECEDENT CAUSES  CONDITIONS, if above cause (A) CONDITION lost.	the disease, death.)	(B) DUE TO	la zinh	E	Peloris	27	
	11							
E TO THE DEA	ANT CONDITIONS C TH BUT NOT RELA NOTION CAUSING I	TED TO THE						
19A. DATE OF OF	PERATION 198. CON		HICH OPERATION	20A. AUTOPSY? (Ye	es or No	10 CERTIFYING CA	FINDINGS COL	NSIDERED [H?
OR CONTRIBUTION DEATH (notify me		21 B. home etc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, o	n or obout 21 C. WHERE ffice bldg., INJURY OC	DID CUR?	(If in Boltimor	e City, give ex-	oct locotion)
	Nonth) (Doy) (Year)	Whil	tNJURY OCCURRED  e At Not While		ILNI DIC	URY OCCUR?	,	
		Work		77/21		13	W 11.	15
	it (I) (this hospital st saw the decease		e deceased from	19 65		at in(my) (por) api		ccurred an the date
and haur and fr	am the causes sta	ted_abave. (1)	(#e) (did) (did )	view the bady after s	death.			
23A. SIGNATURE	9/10	V	20	ending Med.		Stoff	238, DATE SI	111
23 C. PHYSICIANA NAME (Type		uf	Phy	s. Directo	) T	Phys.	1/19	4/63
	Lee J. V	olenick.	M.D. M.D.	4710 Libe	rty	Heights Ave		
24A. BURIAL CREMA REMOVAL (Spec	TION, 24B. DATE		ME of CEMETERY OF CR				ity, town, or co	unty) (Stote)

Holy Redeemer Cemetery

258. NAME OF REGISTRAR

250. FUNERAL DIRECTOR Burial 1/18/65
FE REC'D BY HEALTH DEPT.
18 1965 Color JAN ADDRESS ernon Temmon. 4611 Park Heights Ave. VS 150-REV. 1/1/65

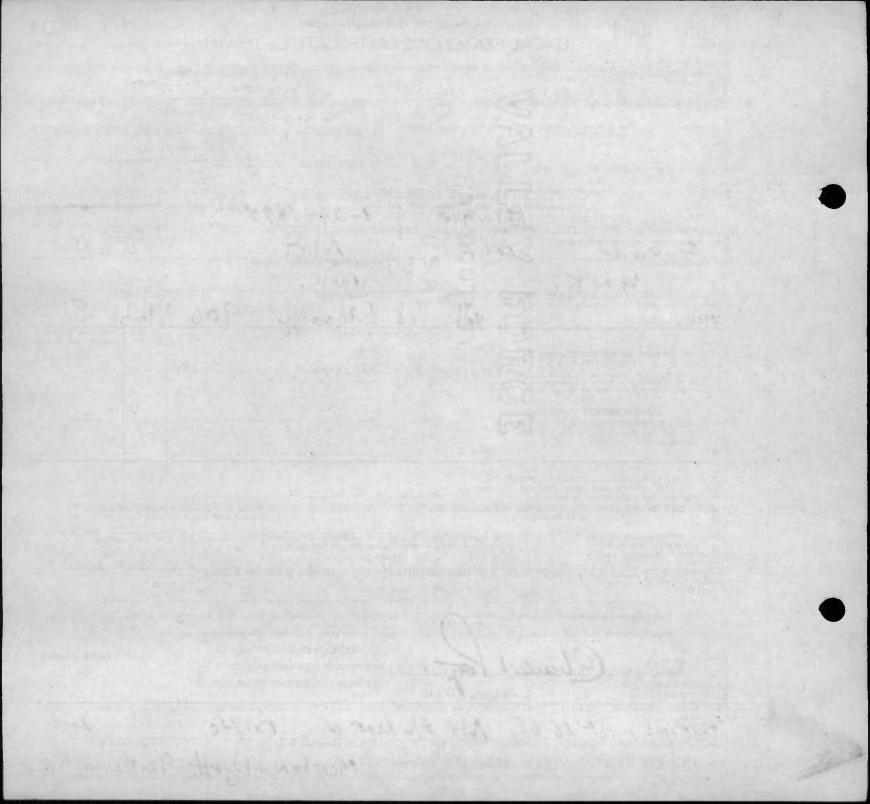
Baltimore, Md.

MEN IN CHARGE AND COLUMN and appearance of the street affirms over the mounts

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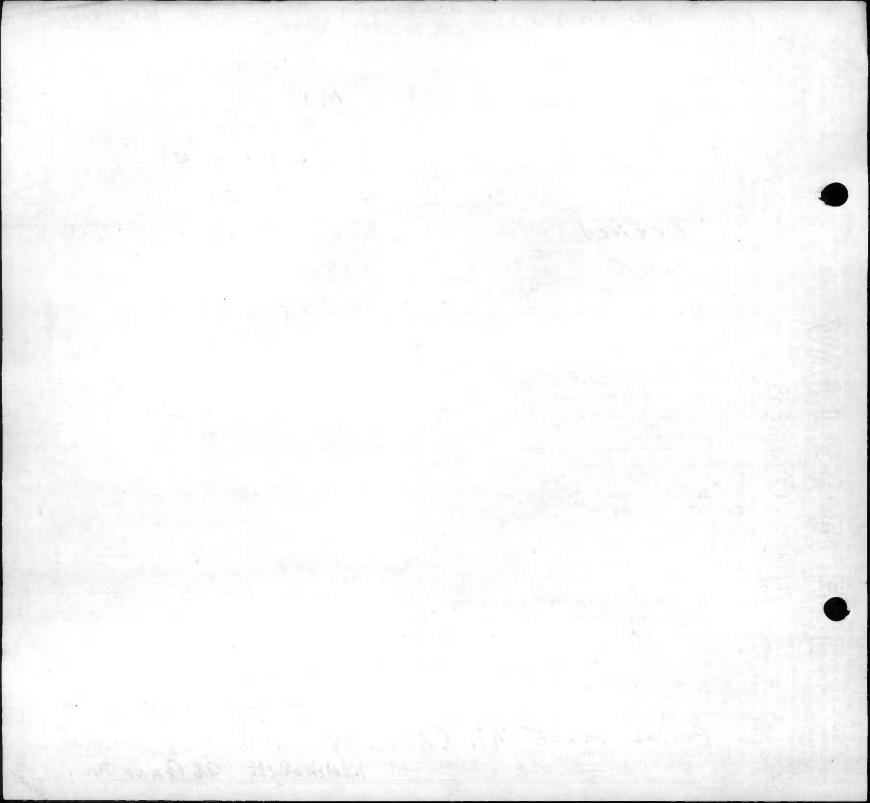
VS 151-REV. 1/1/65



## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

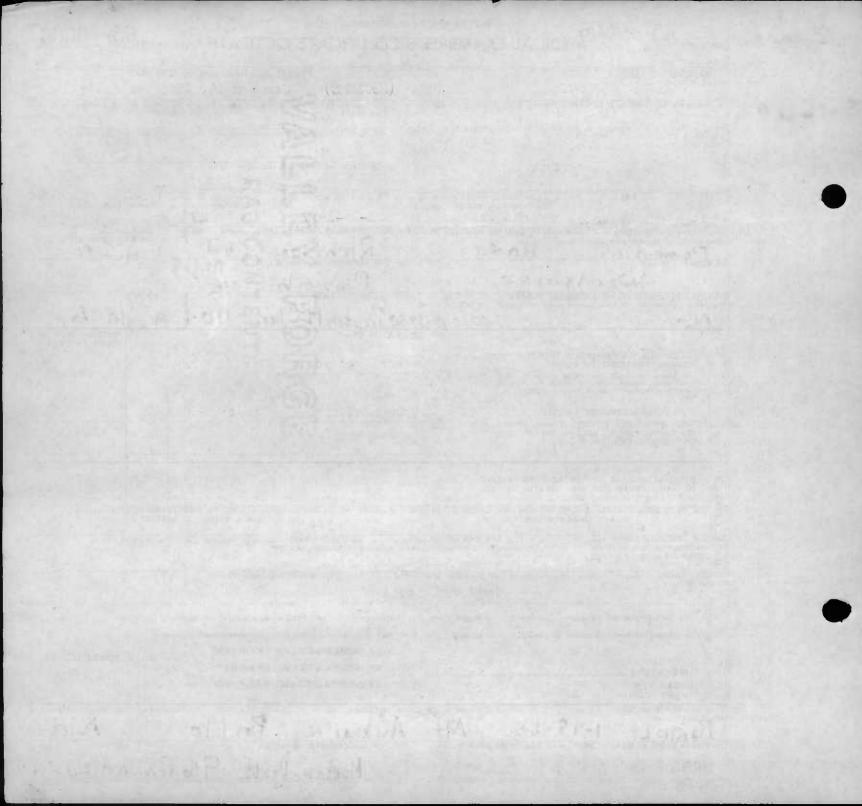
65 0605	BALTIMORE CITY	HEALTH DEPARTMENT		65 0605
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	- 0000
M.E. CASE NO.  1. NAME OF DECEASED			D HOUR OF DEATH	
(Type or Print)	Fisher		14-65	
3. PLACE OF DEATH IN BALTIMORE MARYLAND	1 1 Spek			M. ution: residence before odmission)
3. FLACE OF BEATH IN BADIMORE, MARIEAND		A. STATE B. COUN		ution: residence before odmission)
FULL NAME OF (If not in hospital or instituti	on, give street	Md,	1.	
HOSPITAL OR oddress or location) [NSTITUTION		C. CITY OR TOWN (If out	side city limits, wrife RUR	AL and give township)
Lincoln memorial	NURSINGHE	Balt,	More	
	1 6	D. STREET ADDRESS (IF	rural, give location)	W 10 - 10 - 10
27 N Cary St Bolling	10,23 md	537 W. B.	ddle St	
	IED, NEVER MARRIED		9. AGE (In years I	f Under 1 Yr. If Under 24 Hrs.
M C WIDO	WED, DIVORCED (specify)	12-12-1881	lost birthdoy) N	lonths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OR INDUSTRY		an country)	2, CITIZEN OF
done during most of working life, even if retired)				WHAT COUNTRY?
Exectived			natyland	' U. D.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE d	
111116.		UNICHONN		
15, Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRES5
(Yes, no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.	\ .		
No		Knrs. Cing	537.W	Biddle St.
18. 4. 4. 2 8	CAUSE OF			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	Car	W- 1/2	1 17	ONSET AND DEATH
LEADING TO DEATH	(A)	EXIO VOROL	Was Hend	X C
(This does not meon the mode of dying,	e.g., DUE TO G	1= 00		
heart failure, asthenio, etc. It means the dise- injury or complication which caused death.)	ose,	15000		
ANTECEDENT CAUSES	(B)			
	DUE TO			
DISEASES OR CONDITIONS, if ony, giver rise to the above couse (A) stating	al			
UNDERLYING CONDITION last.	(C)			
П				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	TING			
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No		DINGS CONSIDERED
198. CONDITION FWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING			IN CERTIFYING CAUSE	S OF DEATH?
	218. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimore C	ity, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	ice bldg., INJURY OCCUR?		
U				
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not While		1	_
22 1		Dans &	64 2011	10 .65
22. I certify that (1) (this haspital) attended	ed the deceased from	70000	4 to test	19
that (I) (we) last sow the deceased alive	an	and the	at in (my) (aur) opinia	n death accurred an the date
and hour and from the causes stated above	e. (1) (We) (did) (did nat) v	lew the bady after death.	14/0	
23A. SIGNATURE			23	B. DATE SIGNED
May montos	M.D. Atte	nding Med.	Staff -	1-11/1/05
and animals and	Phys	Director	Phys.	1-14.63
23C. PHYSICIANS NAME (Type)		3D. ADDRESS		2
I was a series of the color of the	M.D.	hen	the Ilan	Bulling
	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	OCATION (City,	town, or county! (State)
REMOVAL (Specify)	MT CALL	x .0 .1 1	10	1. 101
154RIAL 1-16-65	11, 6961	EKY 1	A. County.	MARYIAND
25A. DATE REC'D BY HEALTH DEPT.	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	1 011 8	ADDJESS
The same of the same of the	Acadocos and	Morton + Pyet	t 416 Per	UNA AVE.
VS 1.50-REV. 1/1/65				



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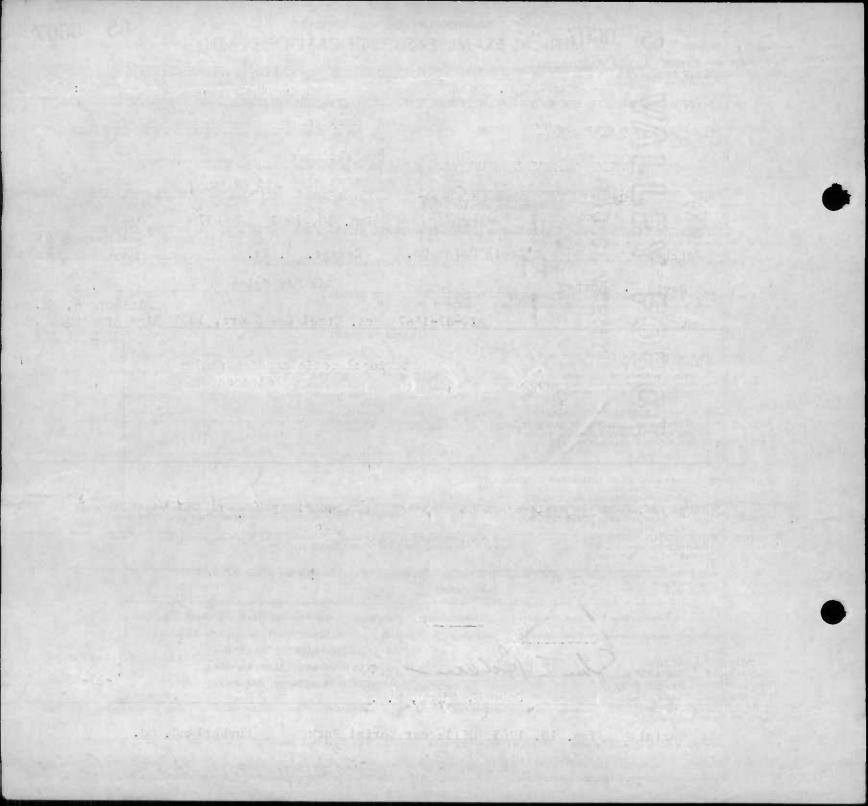
IRTH NO.  A.E. CASE NO. 5932/ MEDICAL	BALTIMORE CITY HEALTH DEPARTMENT  EXAMINER'S CERTIFICATE OF DEATH Registered No.65	0606
NIALIS OF DECEASED	DATE AND HOUR PRONOUNCED DEAD	

IRTH NO.	MEDI	CAL EX	AMINER'S	CERTIFICA	IE OF L	)EATH Registe	ered No.	100
A.E. CASE NO.	3 7 3 V/				O DATE AND	HOUR PRONOUNC	ED DEAD	
Type or Print)	LUCY		HOUSE	(McCLURE)		ary 14, 196		5 A
PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL		4. USUAL RESID	DENCE (Where		litutian: residence befare a	admi s sio
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			C. CITY OR TO	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
110	5 Argyle Aven	.ue		D. STREET ADD			904	
SEX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRT		le Avenue	If Under 1 Yr. If Under	er 24 H
	WIDOWED, DIVORCED (specify)		2 20 20		last birthday)	Months Doys Hours	Min	
Female	Negro JPATION (Give kind of work	Singl		I-18-19.	(State or foreig	47	12. CITIZEN OF	1
ne during most af v	vorking lite, even if retired)	How		Riche	MOND	.Va.	WHAT COUNTRY?	
FATHER'S NAM		11.01.		14. MOTHER'S M			91,51.1	
	Woolkin	spt	,	Dais	Wil	SON		
	D EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	-01		ADDRESS	
N (2)	(If yes, give war ar date	s di service/	220-14-343	30 Preston	1ºClure	2 1105	Argyle A	ve.
1B.	V .		CA	USE OF DEATH			INTERVAL B	ETWEE
DISEAS	SE OR CONDITION DI	PECTI Y					ONSET AND	DEAT
	LEADING TO DEATH		Gen Gen	eralized pe	ritonit	is		
(This does not heart failure,	not meon the mode of osthenio, etc. It meons application which coused	dying, e.g., the disease, deoth.l	DUE TO					
				1				
	INTECENDENT CAUSE OR CONDITIONS, IF A		rup	ture of tub	o-ovarı	an abcess		
RISE TO TH	E ABOVE CAUSE (A) ST		DUE 10					
	NG CONDITION LAST.		(C)					
2	II							
OTHER SIGN	NIFICANT CONDITIONS DEATH BUT NOT RE	CONTRIBUTION	NG HE					
DISEASE OF	R CONDITION CAUSING	IT.						
OTHER SIGN TO THE DISEASE OF	OPERATION 198 CON WAS PER		WHICH OPERATION	20A. AUTOPS		IN CERTIFYING CAU	SES OF DEATH?	
21 A. EXTERNA	L CAUSE WAS	218.	PLACE OF INJURY (e			If in Boltimare City, gi		
UNDERLYING	OR CONTRIB- SE OF DEATH.	home etc.)	, form, foctory, stree	et, affice bldg., INJUR	Y OCCUR?			
21D TIME OF INJURY	(Month) (Doy) (Year		IE. INJURY OCCURR		OW DID INJU	IRY OCCUR?		
(APPROX.)		m. V	VHILE AT NA	T WORK	1936			
22.	tify that I held an I	nquiry	Inspection .	Autopsy	nd that on thi	s bosis, death in r	ny opinian	
resul	ted from: Natural co	useXX A	coldent Sui	icide Homic	ide 🗌 👢	Indetermined mann	er	
	01		//	CHIEF M	MEDICAL EX	AMINER _	DATE SI	CNEC
SIGNAT		reles 5/	Elin "	M. D. ASSISTANT A	MEDICAL EX	AMINER	DATE SI	
EXAMIN	IER'S Chamle	s S. Pe	tty, M.D.	ASSOCIATE A		r	1/14/6	33
A. BURIAL CRE	MATION, 238 DATE		C. NAME OF CEMETE	RY or CREMATORY	23 D. L	OCATION (City	, town, or countyl	(State)
BYAL (Specify	1-18-	65	M+	Aubier	1	30 110	M	d
4A. DATE REC'D	BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C, FUNE	RAL DIRECTOR	)F1   10.	ADDRESS	(1,
		0.00		EA A	1	U QUI		2
JAN 18	1965 Robert	E. Van	CE Mill	Morto	Nallye	Ct 716 t	Penna Ave.	. 11
151-REV. 1/1/	65				V			



0607

BIRTH NO.	5 UOLMED	ICAL EXAMINER'S CI	ERTIFICATE OF	DEATH Register	red No		
M.E. CASE NO.							
1. NAME OF D (Type or Print)		BERT M. SHORT	January 14, 1965 10:45 A.				
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD			tution: residence before admission)		
FULL NAME OF	E (IE NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	Maryland				
HOSPITAL OR	ADDRESS OR LOC	ATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
			Baltimore 2/-54				
	UNION MEMO	DRIAL HOSPITAL	D. STREET ADDRESS IIf rurol	-	/		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	3805 Glen Arm	9. AGE (In years	II Under 1 Yr. If Under 24 Hrs.		
Male		WIDOWED, DIVORCED (specify)	D. DATE OF BIRTH	lost birthd	Months Doys Hours Min.		
TIALE	White	Married  Married  Married  Married  Married	Jan. 30, 1907	57	12. CITIZEN OF		
done during most o	of working life, even if retired)				WHAT COUNTRY?		
Watchn 13. FATHER'S NA	nan AME	O'Brein Paint Co.	Keyser, W. Va. USA				
Davi 15. WAS DECEA	d M. Short SED EVER IN U.S. ARMEI	D FORCES? [16. SOCIAL	Ada May Pyles 17. INFORMANT ADDRESS				
(Yes, no or unknow	wn). Ilf yes, give war or date				Baltimore 6, Md.		
No				Short, 3805	Glen Arm Avenue,		
1B. 4	22 1/1	CAUSE	OF DEATH		ONSET AND DEATH		
DISE	ASE OR CONDITION D		iosclerotic card	iovacoular			
(This doe:	s not mean the made of tre, asthenia, etc. It mean complication which coused	/ 4		sease	0 0 † 0 0 0 0 0 7 0 0 <b>0 10 •</b> • • • • • • • • • • • • • • • • • •		
injury or	complication which coused	deoth.)	u i	Bease			
	ANTECENDENT CAUS	ES					
DISEASE	S OR CONDITIONS, IF A	ANY, GIVING DUE TO					
UNDERL	YING CONDITION LAST.						
<u>S</u>		(C)					
OTHER SI	II IGNIFICANT CONDITIONS				The Later of the L		
	OR CONDITION CAUSING						
			20 A. AUTOPSY? IYes or No.	208. IF YES, WERE FIN			
0			No				
W	AUSE OF DEATH.	(efc.)					
21 D TIME OF INJURY	(Month) (Doy) (Yed	or) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
(APPROX.)		m. WHILE AT NOT	ORK				
22.	ertify that I held an		apsy and that an th	is basis, death in m	w anInIan		
		auses Accident Suicid					
res	Notural Co	Accident Suicid	CHIEF MEDICAL EX		# <u></u>		
ACTU	AL VI -	F (d. 1	ASSISTANT MEDICAL EX		DATE SIGNED		
	TURE TURE	A fram M.D.	ASSOCIATE MEDICAL E		1-15-65		
	INER'S/ (Type)	John E. Adams. M.1		AAMINER			
23A, BURIAL C	REMATION, 23B. DATE	23C. NAME OF CEMETERY		OCATION ICity,	town, or county) (Stote)		
Buri		8 1965 Hillcrest Bu	rial Park	Cumberland,	Md.		
LAN. DATE REC	JAN 1 9 1965	DO & C. T. O	2/1/6		Par Ont		
	AMIL T 2 1909	Thousand C. Jankey M. V.	- 100 0 100 E	1701-0791	Elleren Mine		
VS 151-REV. 1/	1/65				1/		



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (5)

This certificate must be approved by the chief medical examiner or his assistant if death occurred

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attended deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to written approval must be obtained before the remains are embalmed or final disposition is made.

was in regular attendance on the the deceased prior to death. Such

in a hospital and

				BALTIMORE CITY	HEALTH DEPARTMENT		
II R	TH NO. 65	5 0608		CERTIFICA	TE OF DEATH	Registered No.	65 0608
	E CASE NO.	ACED		1		D HOUR OF DEATH	00 0000
	pe or Print)		HFR	EVELYN	1	TANUARY	. 7
	PLACE OF DEAT		ARYLAND	12022/10			institution: residence before admission)
					A. STATE B. COUN	TY	26-31
	FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital address or location	or institution, on)	give street	C. CITY OR TOWN (II out	side city limits, write	RURAL ond give township)
					BALTIMORE		
	SINAI	HOSPITAL	OF BAL	TIMORE, INC.		rural, give location)	
					4111 SURRY	SIDE AUG	E3 # 15
	SEX	6. RACE	7. MARRIED	, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	F	w		D. DIVORCED (specify)  RRIED	9/15/13	lost birthdoy)	
		PATION (Give kind of wor rorking life, even il retired)		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
		FE		Home	MARYLAN	10	USA
3.	FATHER'S NAM				14. MOTHER'S MAIDEN NA	ME _	
Thomas Fishpaw			unknown				
5. Y e	Wos Deceosed I	Ever in U. S. Armed Fo	orces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NT-	, , , , , , , , , , , , , , , , , , ,		/	Hosp. Rec		
_	1B. OA	21 23 11 71 /	6 16	CAUSE O			INTERVAL BETWEEN
	(This does not heart failure, a injury or comp  A  DISEASES Of rise to the	LEADING TO DEATH  at mean the made o  costhenia, etc. It mean  plication which couse  untecedent cause  R CONDITIONS, if  above couse (A)  CONDITION last.	f dying, e.g. s the disease d death.) S ony, giving	(B)	TE LYMPHOBLA	STIC LOUX	EMIA ABOUT 3 WEEK.
		- 11					
MOIL	TO THE DE	FICANT CONDITIONS FATH BUT NOT REL	ATED TO T		KETESIS		
2		OPERATION 198. COI	NDITION FOR		20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
<b>TIF</b>	A .	WAS PE	RFORMED	<del></del>	No	IN CERTIFYING C.	AUSES OF DEATH?
AL CEI	OR CONTRIBUT	DENT WAS UNDERLYING   218. PLACE OF INJURY (e.g., home, form, loctory, street, obity medical examiner)		n or obout 21C. WHERE DID	(If in Boltime	ore City, give exact location)	
EDIC		(Month) (Doy) (Yeor	(Hour) 21	E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ME	OF INJURY		w	hile Al Not While ork At Work			
					g-000	19 65 10 18	
		that (1) (this hospita	ol) attended	the deceased fram 8	JANUARI	7 6 7 10 / 5	JANUARY 1965
	22. I certify t			the deceased fram 8			JANUPRY 19 65
	22. I certify t	lost saw the deceos	ed olive on.	18 JANUARY	19_65ond th		Dinian death occurred on the date
	22. I certify t	lost saw the deceos	ed olive on.	18 JANUARY			
	22. I certify thot (f) (we) I	lost saw the deceos	ed olive on.	(We) (did) (diamer)	19 ond the riew the body after death.	at in (anger) (our) op	pinian deoth occurred on the dote
	22. I certify thot (f) (we) I	lost saw the deceos from the couses sto RE	ed olive on.	(We) (did) (discover) M.D. Att. Phy	19 ond the riew the body after death.	at in (1994) (our) op	pinian deoth occurred on the dote

NAME Type

1/21/65 DEPT. 2

24B. DATE 24A. BURIAL CREMATION, REMOVAL (Specify)

HEALTH

24C. NAME OF CEMETERY OF CREMATORY

M.D.

240. LOCATION

(Stote)

Burial

Parkwood Cemetery
Parkwood Cemetery
Parkwood Cemetery
Parkwood Cemetery

Baltimore, Md. 25C. FUNERAL DIRECTOR

ADDRESS

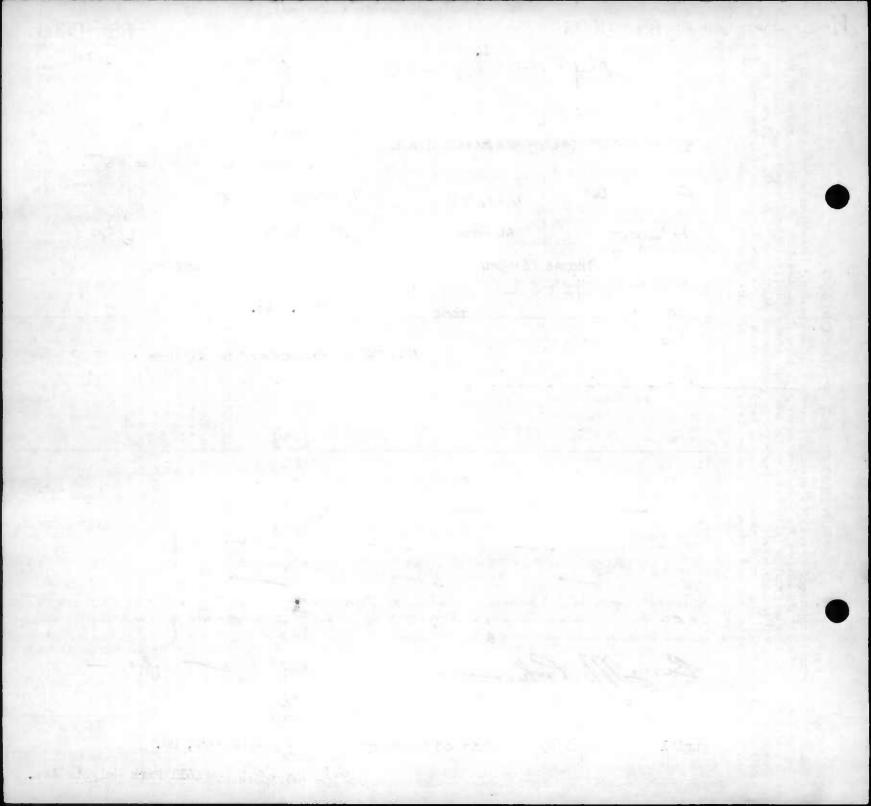
(City, town, or county)

VS 150-REV. 1/1/65

25A. DATE REC'D BY

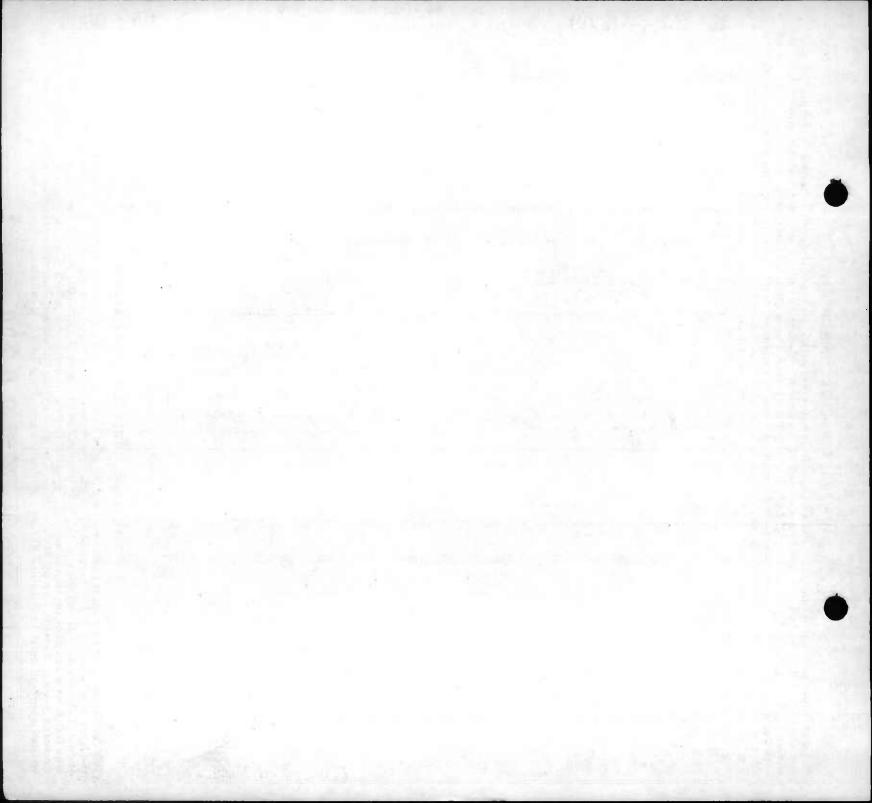
1965

Jemmen 4611 Park Heights Ave.



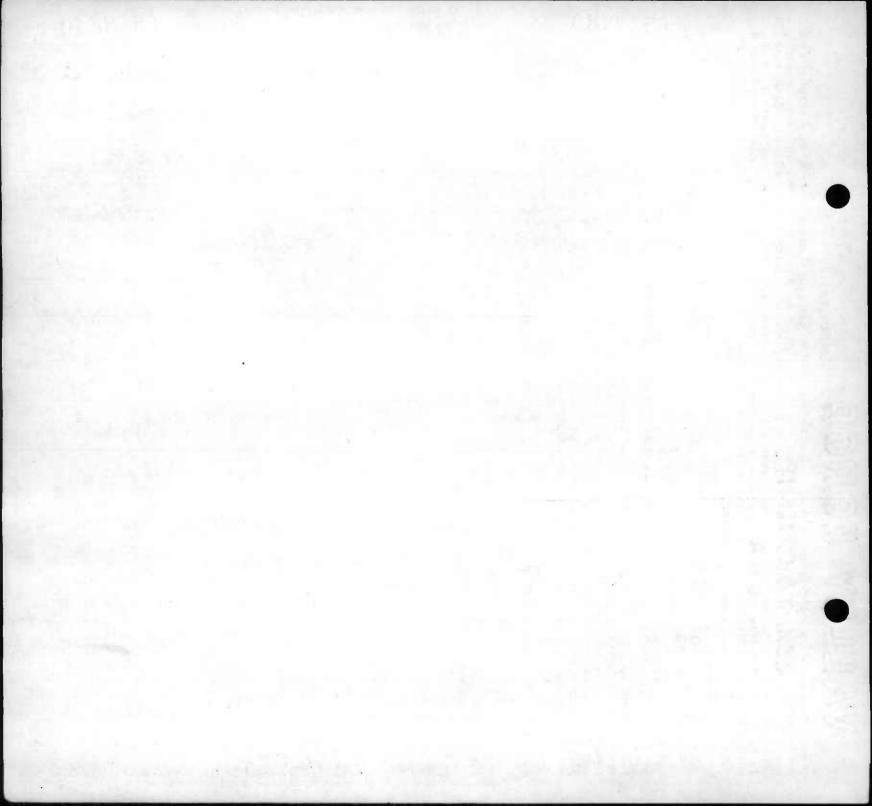
Such C

	BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO. 65 0609	CERTIFICATE OF DEATH Registered No. 65 0609
M.E. CASE NO.  1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Print) VIOLA MC	16 th JAN 1965 2.40 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased) lived. It institution and the me before admission)
FIRE NAME OF All partic beginning or institu	and his Days
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
INSTITUTION	BALTIMORE I MARYLANIS
The Hospital For The W	
I he HOSpithLiorine	20 Peble Drive 52-00
	RRIED, NEVER MARRIED  B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr.   If Under 24 Hrs.
Bamala lula ta	Widow 12/6/1892 72
10A, USUAL OCCUPATION (Give kind of work 10B, KIN	
NONE	None AA County md US
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
William Hann P	ICC MARY TRUE PICC
15. Was Deceased Ever in U. S. Armed/Forces?	LES MARY JANE ROLES
(Yes, no or unknown) (If yes, give wor or dotes of ser	SECURITY NO.
Unknown	Clarine Mong / Sela 6, md
18. 420:1	CAUSE OF DEATH  INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Atheroscleroses
(This does not mean the mode of dying,	e.g., DUE TO 1
hearl failure, asthenia, etc. It means the dis	
ANTECEDENT CAUSES	(B) Bld and New gul
DISEASES OR CONDITIONS, if any, g	DUE TO and SUBtalinfarci-
rise to the obove couse (A) stating	
UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIB	UITING
TO THE DEATH BUT NOT RELATED TO	O THE
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
198. CONDITION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in or obout 27C. WHERE DID (If in Boltimore City, give exact location) home, form, loctory, street, office bldg., INJURY OCCUR?
DEATH (notify medical examiner)	etc.)
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
S OF INJURY	While At Not While Work At Work
22 1 25 1 26 1 26 1 26 2 2 2 2 2 2 2 2 2 2 2 2	
22. I certify that (I) (this hospital) attend	
that (1) (we) last sow the deceased alive	
	ove. (I) (We) (did hot) view the body ofter deoth.
23A. SIGNATURE	M.D. Attending Med. Stoff M
(XMI) (C	Phys. Director Phys.
PAME (Type)	Kulkarni 230. ADDRESS 4 HOSBITAL Balk more 17
	M.D. Workers The Mile 1) S. B.
24A. BURIAL CREMATION. 24B. DATE	AC NAME of CEMETERY OF CREMATORY 24D. LOGATION (City, town, or county) (Stole)
1-70-65V	Balte Cem Solt me.
ESA. D'ATE REC'D BY HEALTH DEPT. 258. No	AME OF REGISTRAN 25C. FUNERAL DIRECTOR APPRESS
JAN TA 1202 (1907)	atten of Cowant then deer
VS 150-REV. 1/1/65	Ballo M



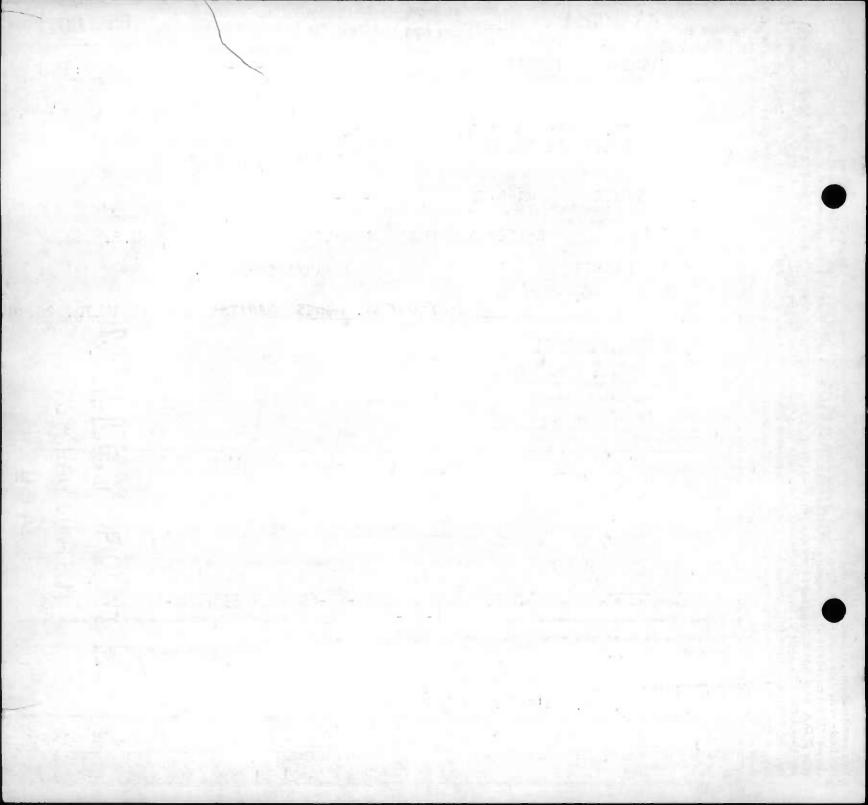
## This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

	- 0010	BALTIMORE CIT	Y HEALTH DEPARTMENT		0 =
BIRTH NO. 6	5 0610	CERTIFICA	ATE OF DEATH	Registered No.	65 - 0610
I. NAME OF DE	CEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print)	MYRTLE V	, KESSLE	R. 1/1	1/65	1 2:50 A
PLACE OF D	EATH IN BALTIMORE, MARYLA		4. USUAL RESIDENCE (When	deceased lived. If insti	tution: residence before admission
			A. STATE 9. B. COUN		1101-
HOSPITAL OF	OF (If not in hospital or in: R oddress or location)	stitution, give street	C. CITY OR TOWN (If out	tside city limits, write RU	BAL and aive towerhial
INSTITUTION			Sect.	iside city inititis, while ko	KAL ond give township)
7	10 /4	u . Hoos .	D. STREET ADDRESS (III	rurol, give location)	
- Lun	rin sequen		1115	1 1	- (30)
		V	11110 Sara	class set	(30)
S. SEX		AARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
t.	W. Dr	jarried_	3/2/1904	60	
-	CUPATION (Give kind of work 10B. of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BURTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Diam's most	N WORKING MIC, EVEN A TOMBOD,	of tome	0 1	/	7, 6 1
3. FATHER'S N	AME		14. MOTHERS MAIDEN NAM	ME	_ u.J. A.
1	. 13.		1 01	1	
Down	> ( stoming	com	ducy H	und	
	ed Ever in U. S. Armed Forces? wn)((If yes, give wor or dotes of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
101)			Daniel Ros	Mer 1115	la cont la
1B. 1 9	6 () 1	CAUSE	OF DEATH	1113	INTERVAL BETWEEN
	ASE OR CONDITION DIRECT	^		Um	ONSET AND DEATH
Dist	LEADING TO DEATH		arcemoma c	Il Winus/	6 years
	nol meon the mode of dyin			Hay want	
	e, asthenio, etc. It meons the omplication which caused deo			1 ()	
injury or co	ANTECEDENT CAUSES	(B)		0	
		DUE TO	100	. 0	
	OR CONDITIONS, if any, the obave cause (A) state		Moderale .	). \)	1 years,
	NG CONDITION last.	10,		<del>-</del>	1
	11			100	
	NIFICANT CONDITIONS CONT				
	DEATH BUT NOT RELATED R CONDITION CAUSING IT.	IO IHE			
U 19A. DATE	OF OPERATION 198 CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN	IDINGS CONSIDERED
ATT O	WAY LEKLOKY	TED	no	THE CERTIFIED CAUS	A OLDENIU:
U 21A. ACCID	ENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltimore C	City, give exact location)
₹ DEATH (not	BUTING CAUSE OF ify medical examiner	etc.)	office bldg., INJURY OCCUR?		
0 21 D. TIME		عين 21E, INJURY OCCURRED	21F. HOW DID INJ	IIBA UCCIIba	
S OF INJURY	42 - 4 F	While At Not Wh		ON OCCOR:	
(APPROX.)		Work Al Worl			
22. I certil	fy that (1) (this hospital) at	tended the deceased from	april	19 58 to Jan	18 19.65
	e) last saw the deceased ol	11104	64		an deoth occurred on the d
		bove. (1) (We) (did) (did nat)		,, (,,,-,-,-,-,-,-,-,-,-,-,-,-,-,-,	
23A. SIGNA		Apora, (i) (ma) (did) (did ndi)	view the pagy offer deoth.	10	3B. DATE SIGNED
	0 1 1 0	M.D. At	itending Med.	Staff	1/10 /10
	I com south	Ph Ph	ys. Director	Phys.	118 108
23C. PHYSIC NAME	TAN'S (Type)		23D. ADDRESS 2301 -	01 0	
DA	UL SCHON	FEID M.D	annagale	Old. 13	eft. hed
24A. BURIAL CI		24C. NAME of CEMETERY OF C	REMATORY 24D. LO	OCATION (City.	town, or county) (State
REMOVAL	(Specify)	- RO. 1 21 7	180 to 20	12111	B A for 2
uria	1/21/63	Musant All	1 commenty flear	sont Hell ;	Lacu co. Mid
25A. DATE REC	D BY HEALTH DEPT. 258.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	1.1.1	ADDRESS
	AUIT 7 1900	Lew C. Janveymin	John y Court	- Jon, suc	· 901 Hallins
VS 150-REV. 1/	1/65	, , , , , , , , , , , , , , , , , , , ,			Balto 23 m
V3 130-REV. 17					6



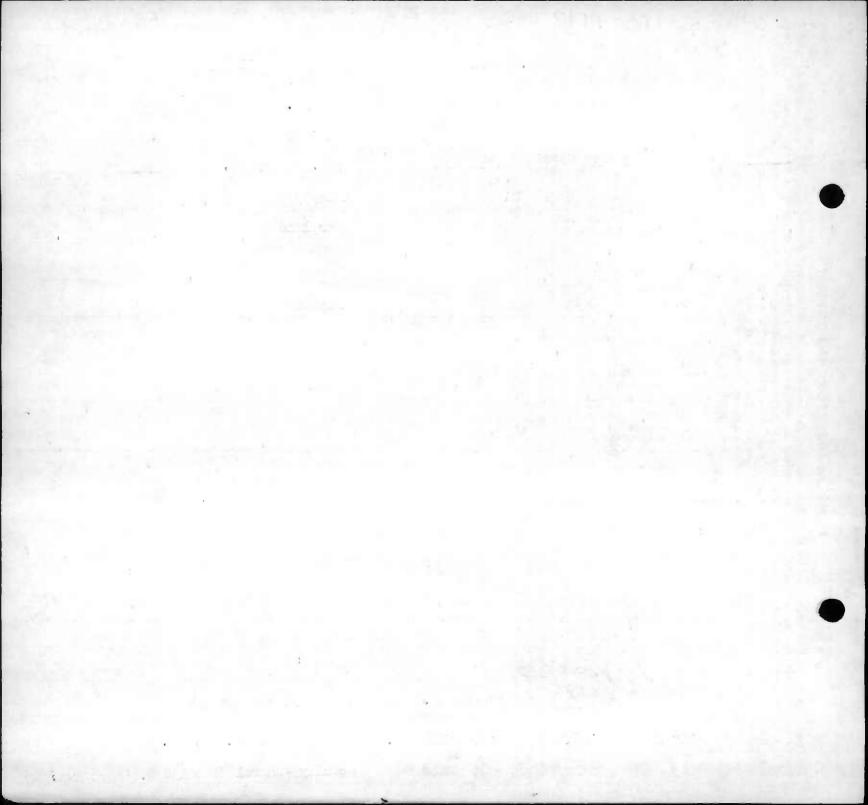
H	2,561
Dave	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
40	uting cause ed cause; (5 ed cause; (5 ed cause; (5 ed cause; de cause; control ed ca
•	death occur or contrib Undetermin as in regule e deceased
ORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased priwritten approval must be obtained before the remains are embalmed or final disposition is made.
: IMP	. Also, ure of all onounce rattency almed o
FUNERAL DIRECTOR: IMPORTANT	al examiner (3) A fract an who pr in regula ns are emb
NERAL D	thief medical medical medical medical medical medical models with a physicial medical
5	ed by the chospital by ature; (2) ature; (4) by where (6) No phyined before
•	be approved to the land of any not any not any notice to the land land land land land land land land
	ficate must was releas A. at a hos prior to de
	This certif the body shows: (1) was D.O./ deceased written ap

05 0044	BALTIMORE CITY	HEALTH DEPARTMENT		0~
MRTH NO. 65 0611 M.E. CASE NO.	CERTIFICA	TE OF DEATH	egistered Na.	55 0611
1 NAME OF DECEASED		2. DATE AND H	OUR OF DEATH	
(Type or Print) HAGNER, THOMAS		1-17	~ /	3:55 PM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where de	cosed lived. If institution:	residence before odmission)
FULL NAME OF (If not in hospital or institution, give	a stract	MARYLAND		2-1-4/2
HOSPITAL OR oddress or location) INSTITUTION	0 311001		city limits, write RURAL of	and give township)
ST. AGNES HOSPITA	AL	BALTIMORE		
BALTIMORE 29, MD		D. STREET ADDRESS (If rurol,	give location)	
		5510 IVANHOE A	VENUE	
	DIVORCED (specify)	lost	oirthdoy) Month	der 1 Yr. If Under 24 Hrs. si Doys Hours Min.
MALE WHITE MARRIE!	_	9-10-15 4		ITIZEN OF
done during most of working life, even if retired)	OSHILLSS OK HILDOSIKI	The Branning Co. (31516 of 157619). Co.	12. OI	HAT COUNTRY?
FOREMAN KEISER	ALUMINUM	MARYLAND		1.5
13. FATHER'S NAME		14. MOTHERS MAIDEN NAME		
JOSEPH HAGNER		JOHANNA SCHA	FFFFR	
15. Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL	17. INFORMANT	6417 E1V	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	CT 401150 1105-1		
NO	CAUSE 0	ST. AGNES HOSPI	IAL RECORDS	BALTO 29,
18. 331X I				ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ros	ebro-voscular	accide t	1 done
(This does not mean the made of dying, e.g.,	DUE TO	eco 2 / outure us	accurent	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)		1 , T		Ď
ANTECEDENT CAUSES	(B) 1	14 her kinston		reveral vers
	DUE TO	7		V
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the	(C)			
UNDERLYING CONDITION last.				10.0 C 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.
II				
O THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING IT.				
19A-DATE OF OPERATION 19B. CONDITION FOR WHI	ICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 IN	CERTIFYING CAUSES OF	S CONSIDERED F DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B, PL OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) etc.)	ACE OF INJURY (e.g., in form, foctory, street, or	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore City, s	ive exact location)
Q 21D. TIME (Month) (Day) (Year) (Hour) 21E IN	NJURY OCCURRED	21 F. HOW DID INJURY	OCCUP?	
S OF INJURY			O C C G N.	
(APPROX.) Work	At Work			
22. I certify that (4) (this hospital) attended the	deceased fram	1-16-65 19	55 10 1-17	1965
that (1) (we) last saw the deceased alive an	1-17-	19.65 and that in	(my) (550) apinian de	eath accurred an the date
and haur and fram the causes stated above. (1) (	we) (did) (akiXaXeX.			
23A. SIGNATURE		way and dedills	23 B. D.	ATE SIGNED
F. W. Klivey	Phy	/ -	XI /	-14-1965
F. D. DIARCH,	MD . M.D.	23D. ADDRESS	nes He	refutal
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	E of CEMETERY of CRI	MATORY 24D LOCAT	TON (City, town,	or county) (State)
1-30-65	he mand !	greater the	10. 0	ofto mell
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF	REGISTRAR	25¢. FUNERAL DIRECTOR	reive 0	ADDRESS
JAN 19 1965 Robert 8	Farker M. a.	E & Cont Do	191. Golba	son Golina
VS 150-REV. 1/1/65	10			



	ital and the	th. Such
0	rred in a hosp outing cause	ar attendance prior to dea
	if deoth occur rect or contrik	was in regul the deceased sposition is ma
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death or shows (1) An arcident of any parties (2) Body burner (3) A foreging of any birds. (3) Body burner (3) A foreging of any birds.	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the conditions to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
DIRECTOR:	ical examiner all examiner.	cian who pror as in regular ains are embal
FUNERAL	the chief medical by a medic	ere the physican we
•	a approved by	th); and (6) N be obtained b
	ificate must be was released	A. at a hospit prior to deal
	This cert	was D.O. deceased

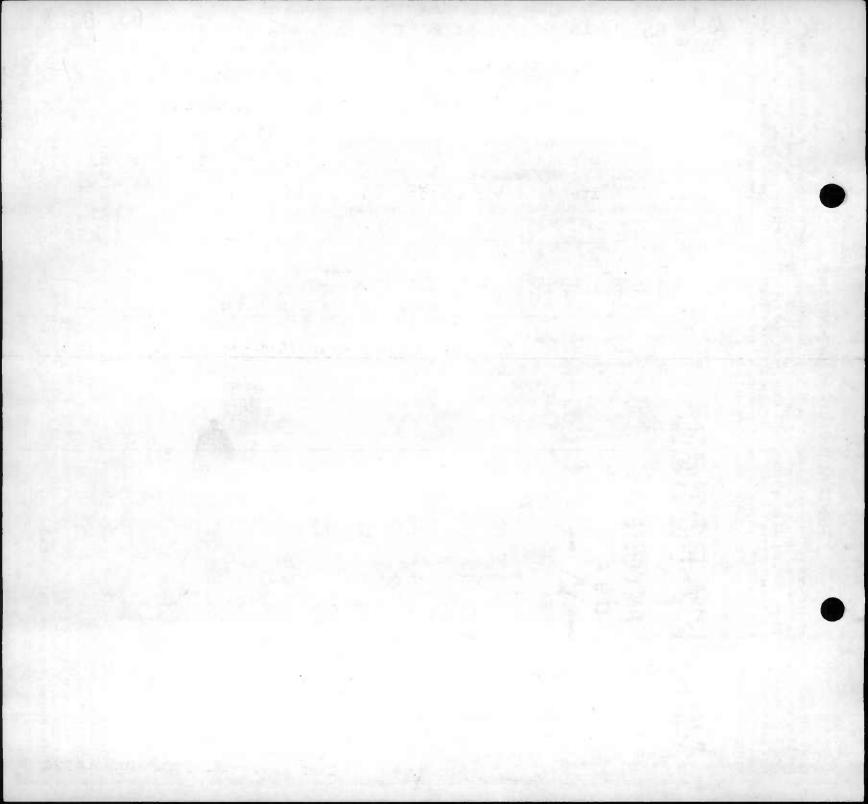
0049	BALTIMORE CITY	HEALTH DEPARTMENT		05
MRTH NO. 65 0612	CERTIFICA	TE OF DEATH	Registered Na	65 0612
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  LILLIE A.	RAT.T.A	2. DATE AN	1/16/65	н
3. PLACE OF DEATH IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (Whe	, , , ,	institution; residence before admission)
FULL NAME OF (If not in hospital or insti HOSPITAL OR oddress or location)	itution, give streel	A. STATE 8. COUN	2	303
INSTITUTION		C. CITY OR TOWN (If au	tside city limits, write	RURAL and give township)
		Baltimore D. STREET ADDRESS (IF	rurol, give location)	
Garrison Nursing	Home	9 E. Barney	St.	
	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. 11 Under 24 Hrs. Months: Doys Hours Min.
	Vidowed (speak)	1/26/79	85	Totalias Soys Hours Totalia
tOA, USUAL OCCUPATION (Give kind of work 10 B, Kildone during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY		ign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Charles Heim		Mary Sac	chs	
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no ar unknown) (If yes, give war or dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	Jecokiii No.	Family		Same
18. 334.XI	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	111	anciles		ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying	(A) DUE JO	De la companya della companya della companya de la companya della	pi	
heart failure, asthenia, etc. It means the d	isease,	teno seces	>	
ANTECEDENT CAUSES	(B) Core	epuiso terio releco pro Variale	n / stop	200
DISEASES OR CONDITIONS, if any,	DUE TO	-:04	) II	<del>*************************************</del>
rise to the above cause (A) statin	g the (C)	nuy		
UNDERLYING CONDITION last,			A .	0
OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO THE	recalled for	ilits	lloons
OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	OF ZUB, IT TEAL WERE	E FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimo	ore City, give exact location)
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	home, farm, foctory, street, o			
O 21D. TIME (Month) (Doy) (Yeor) (Hou	r) 21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S OF INJURY (APPROX.)	While At Not While	е		
	Work At Work		1963 10 force	18
22. I certify that (I) (this hospital) atte	man. I	1// /		~ /6
that (I) (we) last saw the deceased aliv			1 30	pinian death accurred on the dat
and haur and fram the causes'stated ab	ave. (I) (We) (did) (did nog)	riew the bady after death.	meda	23B, DATE SIGNED
Magneton	ents M.D. Att	ending Med.	Stoff	1/14/65
23C. PHYSICIAN'S		s. Director	Phys.	1.9-5
NAME (Type) M Kull	18/01/4 M.D.	5820 YEAL	c Rex	
24A. BURIAL CREMATION, 24B. DATE	24C NAME of CEMETERY OF CR	EMATORY 124D. 1	OCATION	City, town, or county) (State)
Burial 1/19/65	Cedar Hill Cem.			
	IAME OF REGISTRAR	25C. FUNERAL DIRECTOR	1to. 25, Mc	ADDRESS
JAN 19 1965 (P.O.	B. E. Jalle M.A			O E. Fo rt Ave.
VS 150-REV. 1/1/65			,	O LU AVE



## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by the madical and the body was released to the hospital by the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

				BALTIA	MORE CITY	HEALTH DEPARTMEN	NT	CE	0010
	TH NO. 65	0613		CER	TIFICA	TE OF DEAT	H Registered No.	65	0613
1.1	AME OF DECE	SED				2. DA1	TE AND HOUR OF DEATH		
(Ту	pe or Print)	Harry Jo	seph	Clark			January 18-6	55	100 Pm.
3. 1	PLACE OF DEAT	H IN BALTIMORE, MA	RYLAND	Dec 1 1 1 1 1		4. USUAL RESIDENCE	(Where deceased lived. If in		ence before odmission)
1	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital oddress or location	or institution)	on, give street		Maryland c. city or town	Baltimore (If outside city limits, write	RURAL ond give	Palts /
ľ	NSIITORON	6200 Elli	-	C+			ard Maryland		3-00
		0200 5111	1006	56		D. STREET ADDRESS	(If rural, give location)		
	4-14-14					35 Dento	n Ave RT IC	Box 3	52
5. 5	Male	White	WIDO	ed, Never Mari Wed, Divorced Ver Mari	(specify)	7-25-I896	9. AGE (In years lost birthdoy)	If Under 1 Months Doy	fr. If Under 24 Hrs. Hours Min.
			10B. KIND	OF BUSINESS OF	INDUSTRY	1. BIRTHPLACE (State of	or foreign country)	12. CITIZEN	OF COUNTRY?
oon	Carpen	rking life, even if retired) ter	Bet	hlehem S	teel	Baltimore	.Maryland		A
13.	FATHER'S NAM					4. MOTHER'S MAIDEN	NAME		
	Harry .	J.Clark				Elizabetl	h Anderson		
15.		ver in U. S. Armed For	cos?	1 6. SOCIAL SECURITY		7. INFORMANT		AD	DRESS
	WII	yes, give wor or one	3 01 361116	213-07		Mrs Emma	a Waters 620	O Elli	ott At
	18. 150	X I			CAUSE OF			INTE	RVAL BETWEEN
		OR CONDITION DIR	ECTLY		0	711	0.11.	ONS	SET AND DEATH
		EADING TO DEATH		(	A) COTE	inoma Ill	ue 6 so those		40180
		mean the made of sthenia, etc. It means			DUE TO		1 0		Ų
		icalian which caused	death.)			0			
	AI	NTECEDENT CAUSES		(I	DUE TO	******			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		ISEASES OR CONDITIONS, if any, giving se la lhe above cause (A) slaling lhe (C)							
		CONDITION last.	Siding	ine (i	C)				
	7	- 11							
ON	OTHER SIGNIFI	CANT CONDITIONS CATH BUT NOT RELA	ONTRIBUT	ING					
AT	DISEASE OR C	ONDITION CAUSING I	Т.	****		100.0			
CERTIFICATION	19A. DATE OF	PERATION 198. CON		R WHICH OPERA	TION	20 A. AUTOPSY? (Yes	OT NO. 20B. IF YES, WERE IN CERTIFYING CA	USES OF DEA	NSIDERED TH?
CE	21A. ACCIDENT	WAS UNDERLYING		218. PLACE OF IN	IJURY (e.g., in	or about 21 C. WHERE D	OID (If in Boltimor	e City, give ex	oct locotion)
MEDICAL		nedical examiner)		etc.)	ly, sileel, on	ce sing., insort occu			
EDIC		Month) (Doy) (Year)	(Hour)	21 E. INJURY OCC	URRED	21 F. HOW DII	D INJURY OCCUR?		
\$	(APPROX.)			While AI	Not While At Work				
9	22. I certify ti	nat (1) (this hospital	) attende			APC 24	1964 10	Mrw 18	19.65.
		st saw the decease		( ) ( ) ( )	16		nd that in (my) (aur) api		
				(/	/dtd =_4\			illian death d	ccorred on the date
	23A. SIGNATUR		ea abave	(I) ( <del>=0)</del> (ala)	(die not) VI	ew the bady after de	ooth.	23B. DATE SI	GNED
	Tras	10 10 h -	- les	ale	M.D. Atter	ding Med.	Stoff Phys.	1-18	
	23 C. PHYSICIAN	in ins	wor	no		Director L	Phys.	1-10	67
	NAME (Typ	e)							
211		en C.Macko			M.D.		bird Avenue		
244	REMOVAL (So	ATION, 24B. DATE I-2I-	- 0	Dak Lawr				ity, town, or co	,
0.7					Cente		Baltimore, M	arytan	
25 A	A. DATE REC'D B	AN 19 1965	A -	E OF REGISTRAR	2. 41	25C. FUNERAL DIRE	abrowski IO	05 Dune	alk Ave
1.45	J.	JIN TO 1909	المرادا	ste, star	den min	AST CET. 1	Jan Chora IO		
v2	150-REV. 1/1/65								



VS 150-REV. 1/1/65

	BALTIMORE C	ITY HEALTH DEPARTMENT	
BIRTH NO. 65 0614	CERTIFIC	ATE OF DEATH Regis	tered No. 65 0614
NAME OF DECEASED	therine RUPP	2. DATE AND HOUR OF	OF DEATH  L 1965 7:30 2.  I lived. If institution: residence before odmissi
B. PLACE OF DEATH IN BALTIMORE, M		4. USUAL RESIDENCE (Where deceased A. STATE B. COUNTY	d lived. If institution: residence before admissi
HOSPITAL OR oddress or locoti	l or institution, give street on)	C. CITY OR TOWN (If outside city li	mits, write RURAL and give township)
4300 6LD	FREDERICK RD		
		4300 OLD FRE	
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)	B. DATE OF BIRTH  SEPT. 11, 1881  9. AGE (In lost birthdo	yeors If Under 1 Yr. If Under 24 I Months Doys Hours Min
OA. USUAL OCCUPATION (Give kind of wo lone during most of working life, even if retired NONE		TRY 11. BIRTHPLACE (State or foreign country)  NEW YORK	WHAT COUNTRY?
3. FATHERS NAME		14. MOTHERS MAIDEN NAME	
THEODORE SC.		CATHERINE	
5. Was Deceased Ever in U. S. Armed F Yes, no or unknown? (If yes, give wor or do	tes of service)	17. INFORMANT	ADDRESS
1B. 122 N-26	CAUSE	OF DEATH	on ded Foclorik are
DISEASE OR CONDITION D	RECTLY		ONSET AND DEATH
heart failure, osthenia, etc. It meor injury ar camplication which cause ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the obove cause (AUNDERLYING CONDITION tast.	d deoth.) (B) DUE TO		
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING	LATED TO THE ATTETLESC.	mellitus. leretie heart disease W failure. [20A: AUTOPSY? (Yes or No)] 20B. IF	
₩ AS PI	ndition for which operation reformed stemy for signoid C	IN CERT	YES, WERE FINDINGS CONSIDERED TRYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.		in Boltimore City, give exact locotion)
21D. TIME (Month) (Doy) (Yeo OF INJURY (APPROX.)		21F. HOW DID INJURY OCC	UR?
22. I certify that (1) (this hospit	ol) ottended the deceosed from	Jan. 5. 19 64	10 Jan. 14, 19 65
that (1) (we) lost sow the deceo	sed alive on Jan. 14,	1965ond that in(my)	
	ated obave. (I) (We) (did) paragraph	t) view the body ofter death.	
23A. SIGNATURE	A M.D.	Attending Med. Stoff Phys. Director Phys.	1/14/65
23C. PHYSICIANS NAME (Type)	- 00 -	Phys. Director Phys. 23D. ADDRESS D. 136 S. Hilton St. 1	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or		(City, town, or county) (State
Busing 1-18-	-65 Cathedral	Terretery Bull	time, bed.
JAN 19 1965	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Hand Citariol, Ma

Calonsville

The same of the sa . Line 18 'm' and to late

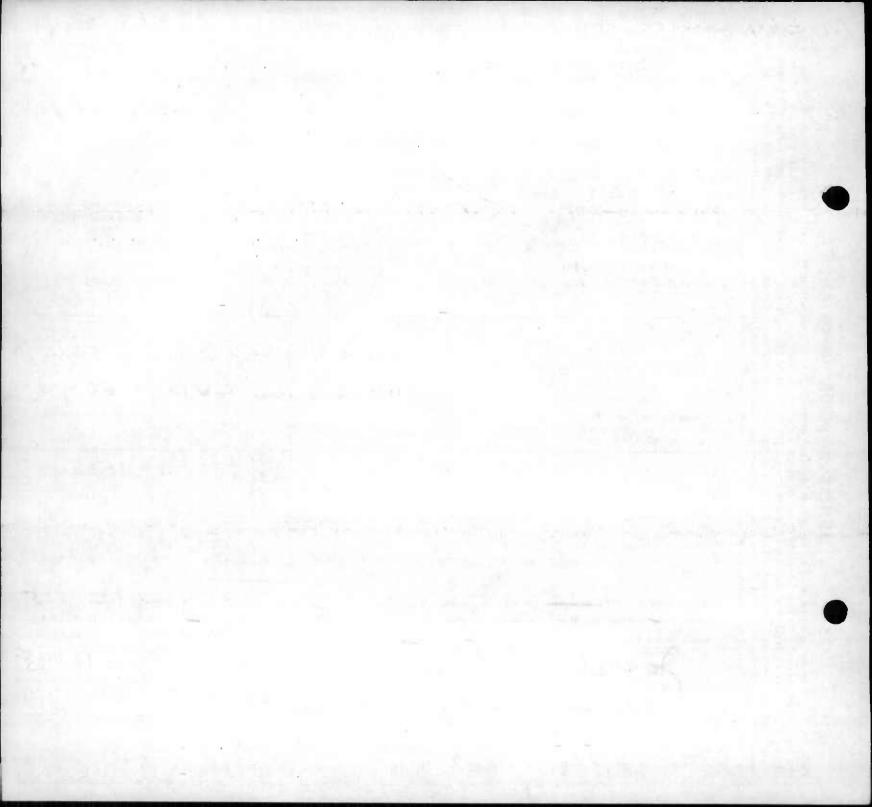
BALTIMORE CITY HEALTH DEPARTMENT

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(,;	12045
	7077

M.E. CASE NO.				
1. NAME OF DECEASED (Type or Print) Many Across Mann	on		12,1965	730
Mary Agnes Mann Mary Agnes Mann Mary Agnes Mann	91	4. USUAL RESIDENCE (Whe		nstitution: residence before odn
S. FEACE OF DEATH IN BALLIMONS, MARIENIO		A. STATE B. COUN		2000
FULL NAME OF (If not in hospital or institution oddress or location)	C. CITY OR TOWN (IF	taido eitu limite unito	PUPAL and give township)	
INSTITUTION			iside city liffins, write	KOKAL ONG GIVE TOWNSHIP)
5354 Perring Parkway		D. STREET ADDRESS (If	rurol, give location)	
<i>J</i>		5354 Perri	ng Parkwa	У
1110011	D, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under Months: Doys Hours
	dowed (specify)	Oct.31,1886	78	
IDA, USUAL OCCUPATION (Give kind of work 10 B. KIND done during most of working life, even if retired)			ign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Balto. Md	- 115	U.S.A.
13. FATHER'S NAME		14. MOTHERS MAIDEN NA		
Michael McNeive		Mart McK	ewen	
15. Was Decoased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	SECURITI NO.	Gertrude Mu	11an-2015	Northbourne !
NO 18. // 0 0 / 1	CAUSE	OF DEATH	LIEU	INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY	$\wedge$	+ 100	1. 10 1	ONSET AND DEA
LEADING TO DEATH	(A) (	cule Myor	ardial Info	udin 5hr
(This does not mean the made of dying, e. heart failure, asthenia, etc. It means the diseas		1		
injury or camplication which caused death.)	$\cap$		CUT	20 W
ANTECEDENT CAUSES	(B) DUE TO	Verus curpu		
DISEASES OR CONDITIONS, if ony, givin	ng			4 6 1107
rise to the obove cause (A) stoting II UNDERLYING CONDITION last,	he (C)		N N N N N N N N N N N N N N N N N N N	
H	- ^	^	Λ 1	. 1
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING PO	0,	) X	7 day
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	V	visy ,	AN 208 15 250	EINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	R WHICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A, ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.a.	, in or obout 21 C. WHERE DID	(If in Bottimo	re City, give exact location)
OR CONTRIBUTING CAUSE OF	nome, form, factory, street,	office bldg., INJURY OCCUR?		
The second the second s				
O 21D TAKE (Month) (Dov) (Year) (Hour) 2	TE. INTURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour)	TE. INJURY OCCURRED While At Not W	21F. HOW DID IN	JURY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour) 2		hile	A	
21D. TIME (Month) (Doy) (Year) (Hour) 2	While At Not W	hile	195810	su / 2 19
21 D. TIME (Month) (Doy) (Year) (Hour) 2 OF INJURY (APPROX.)	While At Not Work Not Work Not Work	hile	195810	inian death accurred an t
21 D. TIME (Month) (Doy) (Year) (Hour) 2 OF INJURY (APPROX.)  22. I certify that (!) (this haspite!) attended	While A1 Not Work A1 Wo	hile and t	1958 to	19 jinian death accurred an t
21.D. TIME (Month) (Day) (Year) (Hour) 2 (APPROX.)  22. I certify that (!) (this haspital) attended that (!) (way last saw the deceased alive a	While AI Not Work AI Wo	19 and t	1958 to January	pinian death accurred an t
21 D. TIME (Month) (Doy) (Year) (Hour) 2 OF INJURY (APPROX.)  22. I certify that (!) (this hapital) attended that (!) (wer) last saw the deceased alive a and haur and fram the causes stated above	While A1 Not Work A1 Wo	hile and t	1958 to	
21 D. TIME (Month) (Day) (Year) (Hour) 2 OF INJURY (APPROX.)  22. I certify that (!) (this hapital) attended that (!) (we) last saw the deceased alive a and hour and from the causes stated above 23A. SIGNATURE	While A1 Not Work A1 Wo	19 and to view the bady ofter death.	1958 to Jack of the following the state of t	
22. I certify that (!) (this hospital) attended that (I) (we) last saw the deceased alive a and haur and from the causes stated above 23A. SIGNATURE	While A1 Not Work A1 Wo	19 and to view the body ofter death.  Attending Med. Director	1958 to Jack of the following the state of t	
21D. TIME (Month) (Doy) (Year) (Hour) 2 OF INJURY (APPROX.)  22. I certify that (!) (this hapital) attended that (!) (we) last saw the deceased alive a and haur and fram the causes stated abave 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION,  24D DATE   24C	While A1 Not Work A1 Wo	hile   19 and t	Stoff Phys.	
21 D. TIME (Month) (Day) (Year) (Hour) 2 OF INJURY (APPROX.)  22. I certify that (!) (this hapital) attended that (!) (way) last saw the deceased alive a and haur and fram the causes stated abave 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify) 24U DATE 24C	While AI Not W Not	Altending Med. Director D.  23D. ADDRESS D. STORMATORY 24D.	Stoff Phys. D	gan. 13,10 BLVd. Balt
21D. TIME (Month) (Doy) (Year) (Hour) 2 OF INJURY (APPROX.)  22. I certify that (!) (this hapital) attended that (!) (we) last saw the deceased alive a and haur and fram the causes stated abave 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24M DATE (24C) REMOVAL (Specify) Burial 1-16-65	While AI Not Work AI Wo	Altending Med. Director D.  23D. ADDRESS D. STORMATORY 24D.	Stoff Phys. [] LOCATION (1) alto. Id.	gan. 13,10 BLVd. Balt

VS 150-REV. 1/1/65

JAN 19 1960 Release E. Markey M. A.



the chief medical examiner

pup

of death Deceased

cause

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(4) Undetermined cause; (5)

contributing

death.

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CERTIFICATION

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of hospital death)

An accident

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Also,

BIRTH NO. M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DE

-	ATH	X	Regi	ster	ed No.	55
	DATE	AND	HOUR	OF	DEATH	
	-					

Ter	ed No	00	1061
OF	DEATH		

I. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND

oddress or tocotion)

JANUARY

15 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street

B. COUNTY MARYLAND BALTIMOR

MONTEBELLO STATE HOSPITAL

D. STREET ADDRESS (If rurol, give location)

ROUTE B. DATE OF BIRTH 9, AGE (In years If Under 24 Hrs.

(If outside city limits, write RURAL and give township)

5. SEX 7. MARRIED, NEVER MARRIED
WIDOWED, DIVORCED (specily) 6. RACE

4. MOTHER'S MAIDEN NAME

II Under 1 Yr. Months! Doys lost birthdoy) Hours 12. CITIZEN OF

10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) GARMENT WORKER

YORK

WHAT COUNTRY? U.S.A

13. FATHER'S NAME

15AAC REESHER PHILINDA

ECKERT ADDRESS

15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or dotes of service) NIO

6. SOCIAL SECURITY NO.

WIDOWED

RECORDS HOSPITAL

KINSONISM

MONTEBELLO

3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not meon the mode of dying, e.g., heart failure, astheria, etc. It means the disease. injury or complication which coused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, il ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION lost.

17. INFORMANT

CAUSE OF DEATH

INTERVAL BETWEEN

ONSET AND DEATH

DUE TO

П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION

208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No)

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF

218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? etc.)

(If in Boltimore City, give exact location)

MEDICAL DEATH (notify medical examined 21 D. TIME OF INJURY (Month) (Doy) (Year)

21 E INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

(APPROX.)

(Hour)

22. I certify that (N (this hospital) attended the deceased from...

While At Work

Not While At Work JANUARY

that (1) (we) lost sow the deceased alive on. and hour and from the causes stated above. (1) (We) (did /(did not) view the body after death.

23D. ADDRESS

23A. SIGN ATURE

Attending Phys. M.D.

Stoff Director

23C. PHYSICIAN'S NAME (Type) ELSA

MERANI

Med.

28 B. DATE SIGNED

24A. BURIAL CREMATION, 248. REMOVAL (Specify) REMOVAL

CORNWALL

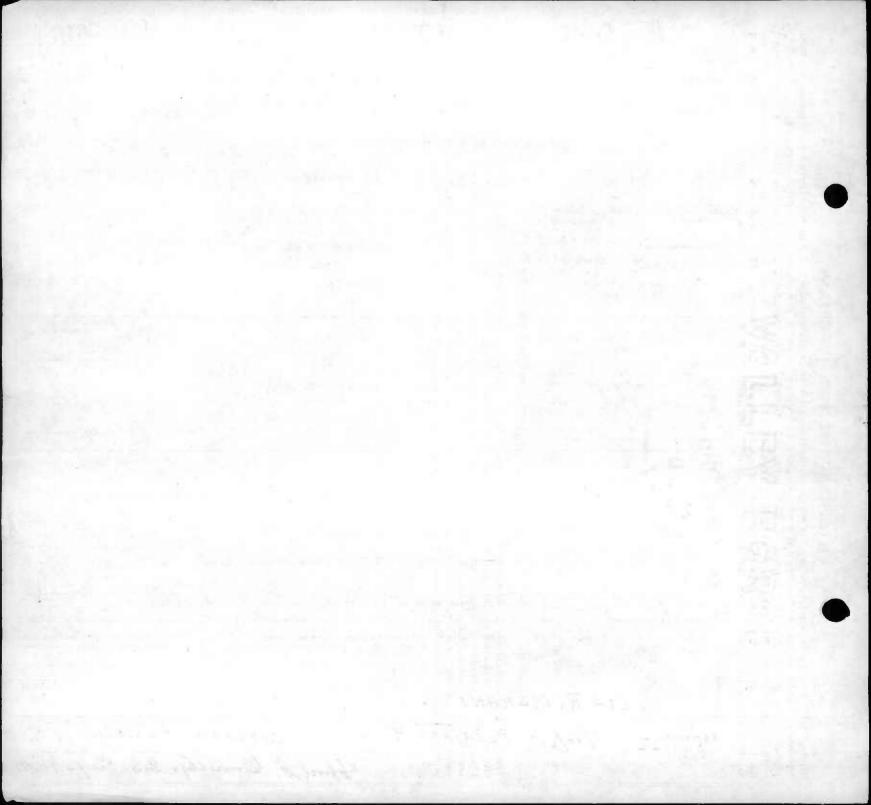
ORANGE CO.

25A. DATE REC'D BY HEALTH DEPT.

258. NAME OF REGISTRAR

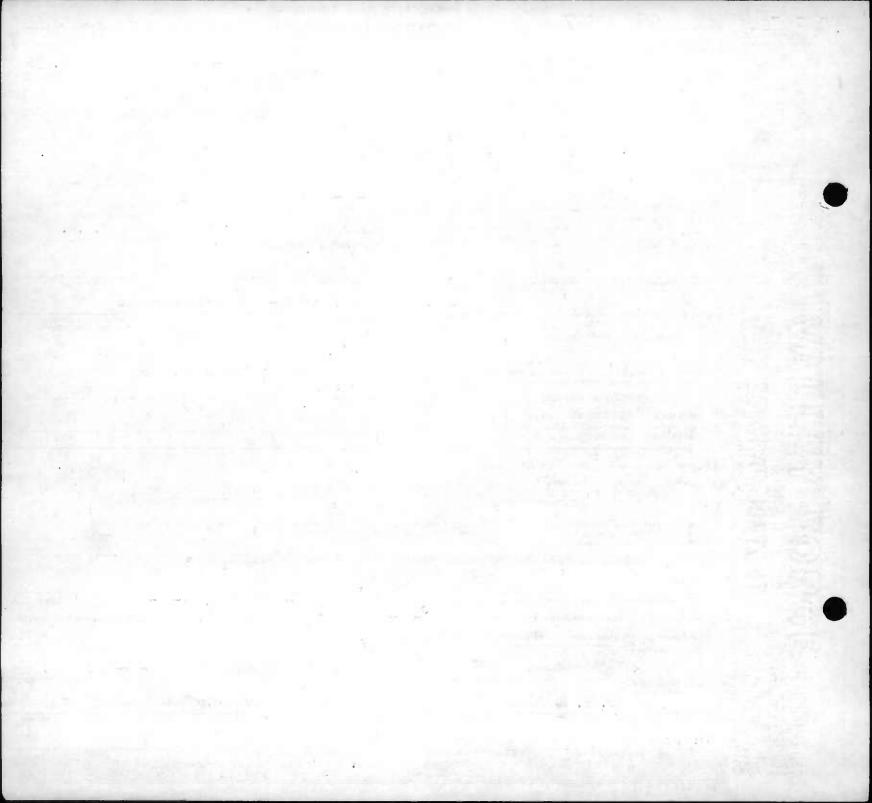
25C. FUNERAL DIRECTOR

VS 150-REV, 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased of death by as body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased by the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such a written approval must be obtained before the remains are embalmed or final disposition is made.

		001191		BALTIMORE CIT	Y HEALT	H DEPARTMENT		
	III 140.	65 0617		CERTIFICA	ATE C	F DEATH	Registered No	65 0617
1. N	E CASE NO. IAME OF DEC pe or Print)		Ci omole			2, DATE	AND HOUR OF DEATH	5   2.05P <sub>M</sub>
3. 1	PLACE OF DE	ATH IN BALTIMORE M	Siemek		114 11511	AL RESIDENCE ()		titution; residence before odmission)
	FULL NAME (			give street	A. STA	aryland	Balt	
	HOSPITAL OR	Baltimore Ci		t+-7-	c. CIT	OR TOWN	f outside city limits, write R	URAL and give township)
					D. STRI	EET ADDRESS	(If rurol, give location)	Dam
		4940 Eastern Baltimore, Ma					rn Road,21220	53-00
5. 5	Female	6. RACE White	7. MARRIED, WIDOWE	, NEVER MARRIED D, DIVORCED (specify) 3d		of BIRTH 9-1893	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		UPATION (Give kind of war working life, even if retired)		F BUSINESS OR INDUSTR	Y 11. BIRT	HPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	41		-		Mar	ryland		U.S.A.
13.	FATHER'S NA	ME			14. MO	THER'S MAIDEN	NAME	
i	John	T.					illian Kock	
5. (Ye	Was Deceases	d Ever in U. S. Armed For n) (If yes, give wor or do	orces? tes of service)	1 6. SOCIAL SECURITY NO.	17. INFO			ADDRESS
	No				Reco	ords:BCH -	-4940 Eastern	Avenue
		3 OVI 26	IBECTIV	CAUSE	OF DEAT	н		INTERVAL BETWEEN ONSET AND DEATH
	DISEA	LEADING TO DEATH		Ca	rdiac	Arrest		3 minuets
		(This does not mean the mode of dying e.g. DUF TO			Arteriosclerotic Cardiovascular			
	heart lailure, asthenia, etc. It means the disease, injury or complication which caused death.)					ic Cardiovascu		
	ANTECEDENT CAUSES (B)			Disease		20 years		
	DISEASES OR CONDITIONS, if ony, giving							
	rise to the obove couse (A) stoling the (C)					**************************************		
	UNDERLIN	G CONDITION 10SI.						
ATION	TO THE D	II  IIFICANT CONDITIONS DEATH BUT NOT REI CONDITION CAUSING	ATED TO TH		abetes	Mellit	ıs	25 years
ERTIFICA		F OPERATION 198. CO		WHICH OPERATION	20A.	AUTOPSY? (Yes o	( No) 20B. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
CAL CEI	OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medicol exominer)	21 E horn etc.	B. PLACE OF INJURY (e.g., ne, form, foctory, street,	in or obou office bldg.	121C. WHERE DI	O (If in Boltimore	City, give exact location)
DIG	21 D. TIME	(Month) (Doy) (Yeor	) (Hour) 21E	. INJURY OCCURRED		21F. HOW DID	INJURY OCCUR?	
×	(APPROX)		W	nile At Not Wh				
	22. I certify	that (1) (this hospite	al) attended t	he deceased from		1-14-	19 65 to 1-1	5- 19 65
		) last saw the deceas		7 7 2	19	65 and		ian death accurred an the date
			oted above. (	1) (We) (dld) (did nat)	view the	body after deo	th.	
	23A. SIGNAT	URE 1/1/a	.11				6. "	23B. DATE SIGNED
		Ma	ita		ys.	Med. Director	Stoff Phys.	1-15-1965
	PHYSICIA NAME (	Dr. H. Ra	thbun	M.D	23D. ADI		n Avenue, Balti	more, Maryland
244	BURIAL CH	MATION, 248. DATE		AME of CEMETERY or C				y, town, or county) (Stote)
	Burid	(Specify)	5 Oal	L Lown Come	terry		Baltimore, 1	Md.
25A	DOFTA			OF REGISTRAR		FUNERAL DIREC	TORM + 1	ADDRESS
		JAN 19 1965	Robert	5 E. Jake M. a	1//	3021 E	astern Ave.	Baltimore A4, Md.
VS	150-REV. 1/1/	/65					-	



hospital cause attend cause; 9 0 prior contributing (4) Undetermined is made. regular deceased disposition death = Was the direct assistant if IMPORTANT death LO kind; or final attendance any pronounced 50. med fracture of embal examiner examiner. regular DIRECTOR: who are 3 physician remains chief medical medical burns; Was FUNERAL physician the (2) Body the 0 before by the where the hospital °N nature; approved by obtained 9 (except and any

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 0618 M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 1-16-65

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) Cora Bell Walker 3. PLACE OF DEATH IN BALTIMORE MARYLAND B. COUNTY FULL NAME OF (If not in hospital or institution, give street Maryland HOSPITAL OR address or location) (If outside city limits, write RURAL and give township) Baltimore City Hospitals Baltimore
D. STREET ADDRESS 4940 Eastern Avenue (If rurol, give location) Baltimore, Maryland 3111 Walbrook Avenue 21216 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years tf Under 1 Yr. If Und If Under 24 Hrs. 5. SEX 6. RACE WIDOWED, DIVORCED (specify) Female Negro Separated 5-1-05

IGA. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. South Carolina Domestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel Hooper 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 215-12-9686 No RECORDS: B.C.H. 4940 Eastern Avenue CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pemphigus 6 Years (This does not mean the mode of dying, e.g., hearl foilure, osthenio, etc. Il means the disease, injury or complication which coused death.) Gram Negative Sepsis ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stoling the UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED Same 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct locotion) MEDICAL DEATH (notify medical examiner) etc.) (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While OF INJURY While At (APPROX.) Work At Work 19 65 22. I certify that (1) (this hospital) attended the deceased from 19 65 that (1) (we) lost sow the deceased alive on... ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B, DATE SIGNED 1 Castro Attending Med. Stoff M.D. Phys. Director Phys. 1-16-65 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D

must approval 24A. BURIAL CREMATION, 24B. DATE Rathbun Eastern Howard Avenue 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) REMOVAL (Specify) Baltimore, Maryland, DDRESS 1-20-65 ME REPLY TO 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR R. Law. 802 Madison VS 150-REV. 1/1/65

( )( ) The second secon

	BALTIMORE CIT	Y HEALTH DEPARTMENT					
BIRTH NO. 65 0619	CERTIFICA	ATE OF DEATH	Registered No.	65 0619			
1, NAME OF DECEASED	T MARY E		D HOUR OF DEATH				
BREITSCHWERE 3. PLACE OF DEATH IN BALTIMORE MARYLAND		JANUAI		stitution: residence before odmission			
FULL NAME OF (If not in hospitot or institu		MD.  B. COUN	ry	Balla,			
HOSPITAL OR oddress or location) INSTITUTION			side city limits, write I	RURAL ond give township)			
		ELKRIDGE D. STREET ADDRESS (IF r					
CT ACNEC HOODITAL			urol, give location)	52-00			
ST AGNES HOSPITAL	RRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 H					
FEMALE WHITE MA	ARRIED	3-7-03	ost birthdoy)	Months Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10B, Kfft flow during most of warking life, even if retired) HOUSEWIFE	NO OF BUSINESS OR INDUSTR	MARYLAND	in country)	12. CITIZEN OF WHAT COUNTRY?			
3. FATHERS NAME		14. MOTHERS MAIDEN NAM	A E				
JOHN G SMITH		ANNIE FRISCE					
5. Was Deceased Eyer in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	0.11	TONSAVES. 21229			
Yes, no or unknown) (If yes, give wor or dotes of ser	vice) SECURITY NO.	ST ACMES HOS					
18. 44.20	CALISE	ST AGNES HOS	PITAL RECO	ORDS. WILKINS A			
DISEASE OR CONDITION DIRECTLY		0 - 0		ONSET AND DEATH			
LEADING TO DEATH		1000 11 Sugar	nord 220	end _			
(This does not meen the mode of dying,	e.g., DUE TO	state yarno.	200				
heart failure, asthenia, etc. It means the disease,							
injury or complication which coused death.)		They cartial	Destarch.	on			
ANTECEDENT CAUSES	DUE TO						
DISEASES OR CONDITIONS, if ony,		U	0				
rise to the obove couse (A) stoling UNDERLYING CONDITION tost.	lhe (C)	indresis iniciative de a manum m manum m manum m que a manum que					
14							
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING O THE						
DISEASE OR CONDITION CAUSING IT.		20A. AUTOPSY? (Yes or No.)	200 IF WEE IMPRE	CANCEL CONCERNS			
19A. DATE OF OPERATION   198. CONDITION   WAS PERFORMED		ZUA. AUTOPST? (Tes of No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?			
U 21A. ACCIDENT WAS UNDERLYING	218, PLACE OF INJURY (e.g.	in or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)			
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?					
O DESTRUCTION OF STATE OF STAT							
DEATH (notify medical examiner)  21 D. TIME (Month) (Day) (Year) (Haurr  OF INJURY		21F. HOW DID INJU	JRY OCCUR?				
(APPROX)	While At Not Will Not Work At Work						
22. I certify that (I) (this hospital) atten	ded the deceased from	1-13- 1	9 65 to 1-	-15-65			
1 15							
that (I) (we) last saw the deceased alive	an	19 . 05 and the	it in(my) (aur) apli	nion death accurred on the do			
and haur and from the causes stated aba	ve. (I) (We) (did) (did nat)	view the bady after death.					
23A. SIGNAPURE				238. DATE SIGNED			
Colore 10 elera	M.D. A		Stoff Phys.	1-15-65			
23C.PHYSICIAN'S		23D. ADDRESS					
EDILBERTO BE	LTRAN M.D	ST AGNES HOSP	ITAL BAL	TO.29, MD.			
	4C. NAME of CEMETERY OF C			ty, town, or county), (Stote)			
24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	2.	77	DA IT	10 41, 01 6001141			
BURIAL 1/19/65	Holy KEd	EEMEN	)AL101	1010			
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS .			
JAN 1 9 1965 R.C.	est E. Starker, M.A	1 Tes klew	Dune	al Home			
VS 150-REV. 1/1/65			-	a. a. Co. mo			

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No. 150 Plant | The last of th

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(4) Undetermined

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BALTIMORE	CITY HEA	LTH D	EPARTMENT	
CERTIFI	CATE	OF	DEATH	

Registered No.

- 5	34	3	0	1	5
9	0.5	R	10	3	3

WIF C	.A.	N 36	U.	
1. NAA	A E	OF	DECE	ASED
(Type	10	Print)		

Benson, Alvan
3. PLACE OF DEATH IN BALTIMORE, MARYLAND

2. DATE AND HOUR OF DEATH

January 15, 1965 | 8:20 a. M
4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) 8:20 a. M.

hospital cause

(If not in hospito) or institution, give street FULL NAME OF HOSPITAL OR oddress or location)

Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township

INSTITUTION St. Joseph Hospital

Baltimore D. STREET ADDRESS ()f rurol, give location)

3606 Glenarm Avenue #6

5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. WIDOWED, DIVORCED (specify) Male White Married 11-30-03 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA CL (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) .S.A. U.S. Post Office Retired Maryland 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME

CAUSE OF DEATH

Joshua E. Benson	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL
(es,no or unknown) (If yes, give wor or dates of service)	SECURITY NO.

WWll

Katie Haves 17. INFORMANT

ADDRESS Mrs Mary V. Benson 3606 Glenarm Avenue

> INTERVAL BETWEEN ONSET AND DEATH

or final disposition IMPORTANT death kind; 0 Yes embalmed the chief medical examiner DIRECTOR: physician be obtained before the remains No physician was FUNERAL where

the hospital

the body was

approved

nature;

any

hospital death)

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O. A.

prior to O

deceased

9

MEDICAL

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) Hypertension; multiple hemorrhages of brain: right cerebrum midbrain and left cerebellum.

217-03-4933

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour)

21 E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OF INJURY (APPROX.)

Not While While At I

22. I certify that (I) (this hospital) attended the deceased from January 15, 19 65 to January 15, that (1) (we) last saw the deceased alive on January 15, 19 65 and that in (my) (cor) opinion death occurred on the date

(If in Bo)timore City, give exact location)

and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death.

23A. SIGNATURE	211	1 01	11
16/	10 and	Luck	M.D.
23C. PHYSICIAN'S			

Attending Phys. 23D. ADDRESS

Med.

Stoff Phys.

January 15, 1965

238 DATE SIGNED

William B. Vande Grift, M.D.

M.D. 1400 N. Caroline Street, Balto. 13, Md. 24D. LOCATION (City, town, or county)

24A. BURIAL CREMATION, 24B. DATE 1-18-1965 Burial

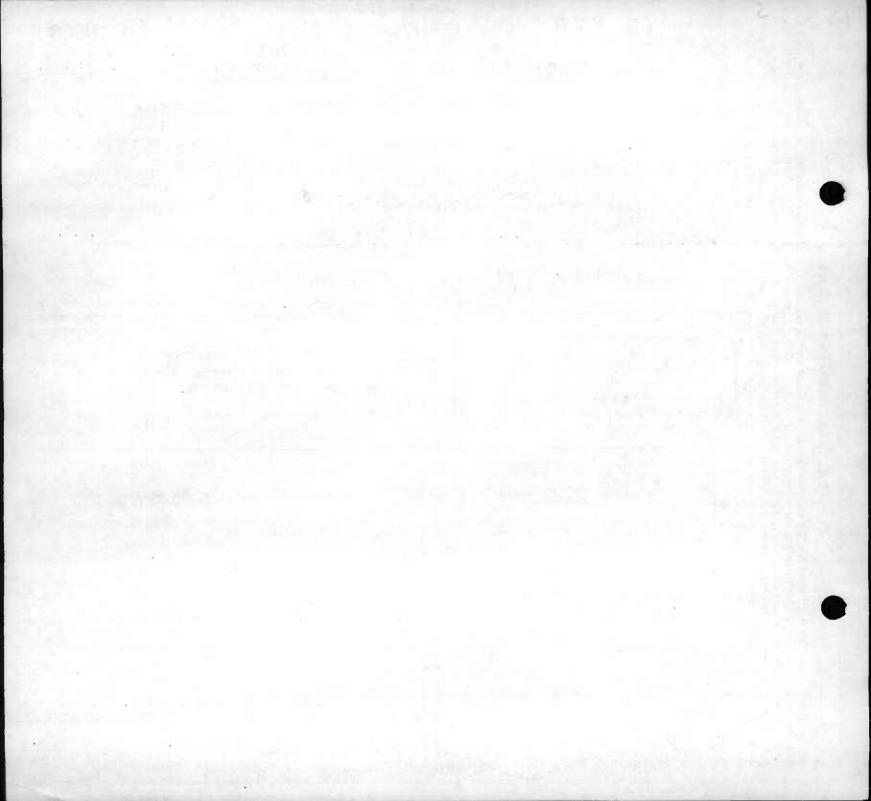
24C. NAME of CEMETERY or CREMATORY

d.

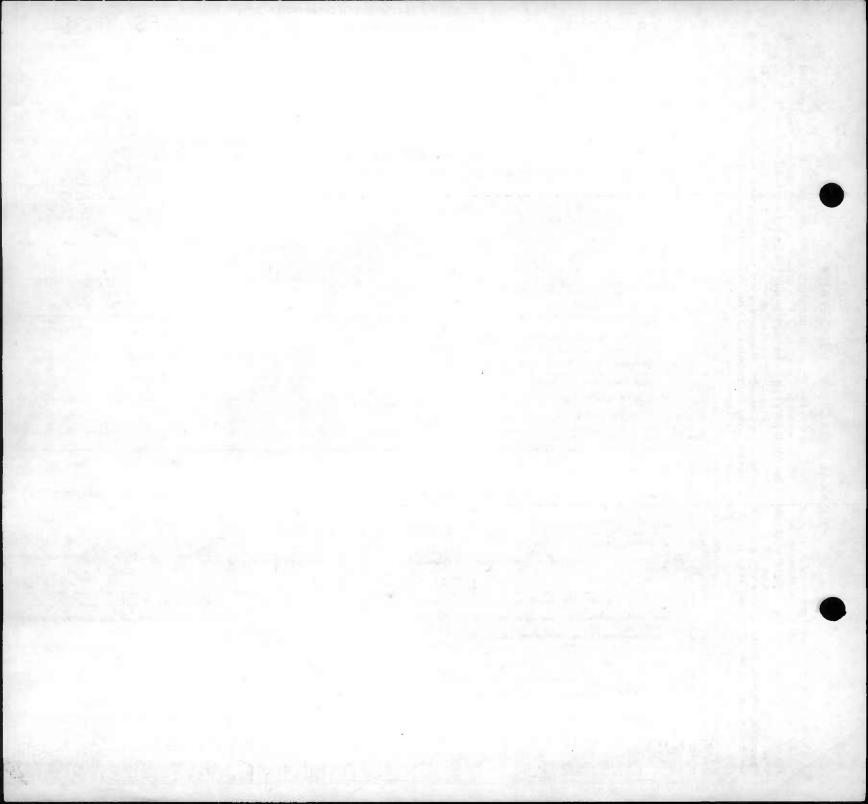
(Stote)

65 Jessups Meth Cemetony Bal

VS 150-REV. 1/1/65



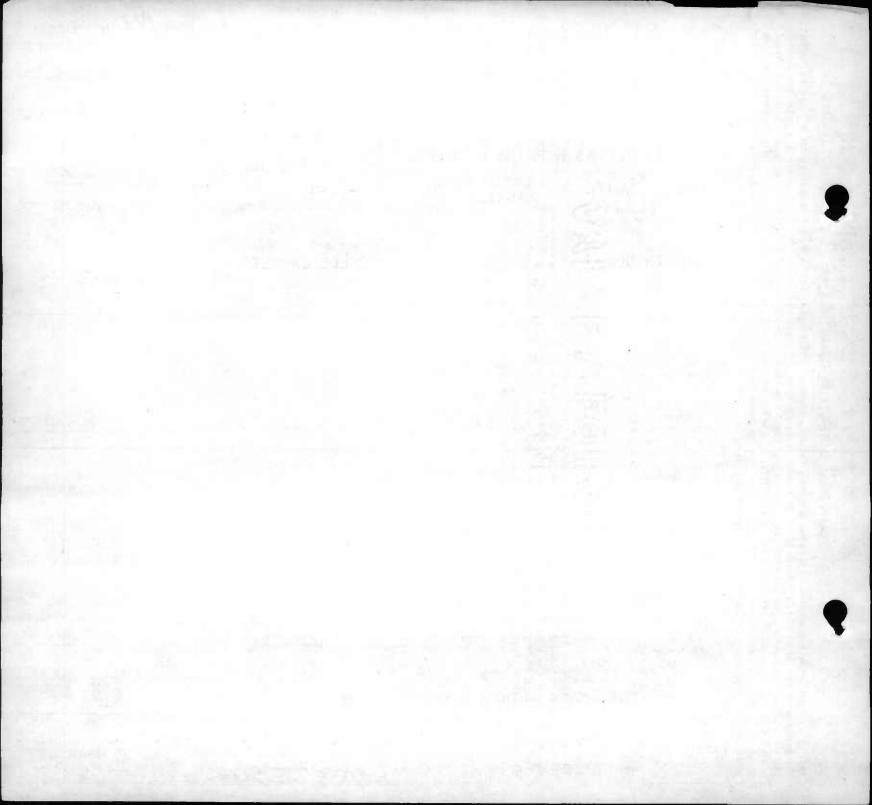
BALTIMORE CITY HEALTH DEPARTMENT						
M.E. CASE NO. 65 0621 65-01349 CERTIFICA	ATE OF DEATH Registered No. 65 0621					
Type or Print Bon Bon WRIGHT	2. DATE AND HOUR OF DEATH 1-16-65 4:20 A. M.					
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)  A. STATE  B. COUNTY					
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
INSTITUTION	Baltimore 32-00					
UNIVERSITY HOSPITAL	1. STREET ADDRESS BY BY FOOR WOOD BY, # 25					
5. SEX  6. RACE  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Min.					
10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country)  MARY (AN)  12. CITIZEN OF WHAT COUNTRY?					
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME					
Richard C. WRIGHT	Luciue N. Stewart					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO.	Mother fame					
18. 7 23 . O I . CAUSE (	DF DEATH INTERVAL BETWEEN ONSET AND GEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	hirston Rither Syndhom					
(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease,						
ANTECEDENT CAUSES (B)	paline Mens race Distase 1 day 15 hm					
DISEASES OR CONDITIONS, if any, giving						
rise to the abave cause (A) stating the (C) UNDERLYING CONDITION tost.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY(e.g.,	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, of DEATH (notify medical examiner)	in or obout 21C. WHERE DID (If in Baltimore City, give exact location) affice bldg., INJURY OCCUR?					
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
White At Not White At Work At Work						
22. I certify that (I) (this hospital) attended the deceased from	1-19-63 19 to 1-16-65 19					
that (I) (we) last saw the deceased alive an 1-16-6)	and that in(my) (aur) apinian death accurred an the date					
and haur and fram the causes stated above. (1) (We) (did) (did not)  23A. SIGNATURE	view the body after death.					
Carlos Abel M.O. Ar	tending Med. Stoll 1-16-65					
23C. PHYSICIAN'S NAME (Type) CARLOS ABEL M.O.	UNIVERSITY HOSPITAL					
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of CE	REMATORY 24D. LOCATION (City, town, or county) (Stote)					
Burial 1-18-65 Loudon PAR						
JAN 1 9 1965 A Confer & Confer	MCCullo Fund Home 237 PATHASZO 725					
VS 150-REV, 1/1/65	TITIEL OLIGITUDI NOME COTTATASCO LES					



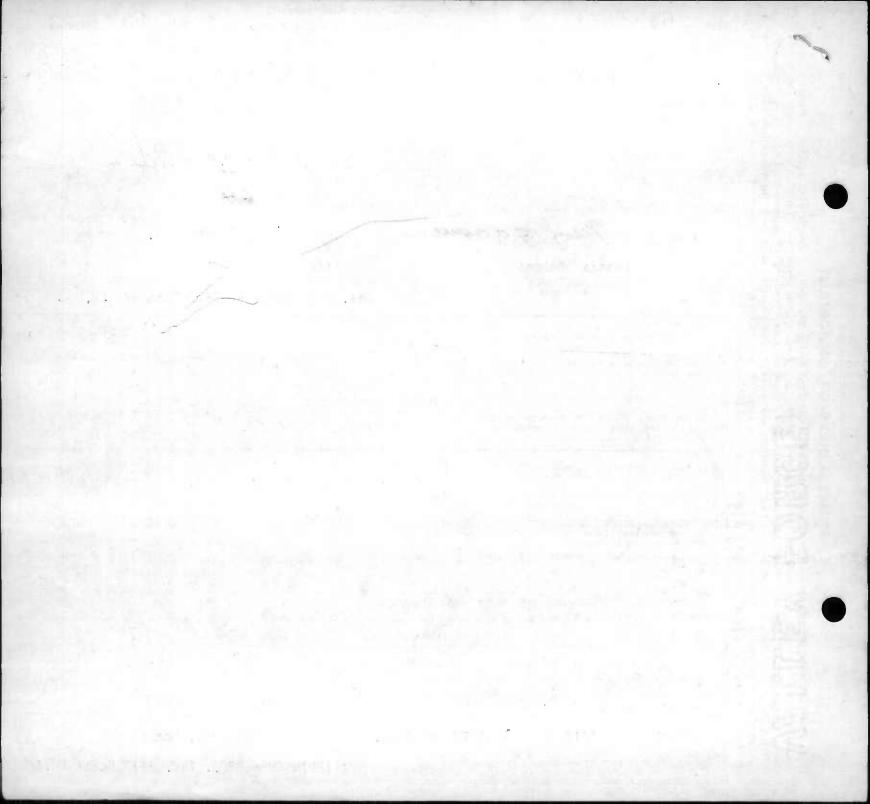
DIRECTOR

FUNERAL

VS 150-REV. 1/1/65



CE 0022	BALTIMORE CITY	HEALTH DEPARTMENT		CE	0000
BIRTH NO. 00 UOZO	CERTIFICA	TE OF DEATH	Registered No.	00	U623
M.E. CASE NO.  1, NAME OF DECEASED  (Type or Print)	(Jack)	2. DATE A	ND HOUL OF DEATH	5	135 P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	[Jacis]	4. USUAL RESIDENCE (Who	ere deveosed lived. If ins	itution: resider	nce before odmission
FULL NAME OF (If not in hospital or institution,	give sheet	mol. B	att.		
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (HO	utside city limits, write RU	JRAL ond give	township)
Sinn? Hannit		D. STREET ADDRESS (III	rurol, give locotion)	1	3-00
Sinai Hospila	k/	3410 Te	mapent	d	
5. SEX 6. RACE 7. MARRIED WIDOWEL	NEVER MARRIED  D. DIVORCED (specify)	8. DATE OF REPTH	9. AGE (in years last highligy)	If Under 1 You Months Doys	r. If Under 24 Hrs Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eight country)	12. CITIZEN C	OF OUNTRY?
Many La	cquers	cuglan	, London	181-	<i>b</i> ,
13. FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	,-,,	
Morris Rubens	114 505141	Bessie ?		ADI	DRESS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	Mrs. Ruth Rube	ens 3410 Te		- 112
18. 260 X I	CAUSE O	F DEATH			RVAL BETWEEN ET AND DEATH
DISEASE OR CONDITION DIRECTLY	0.1			/ ->	AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) DUE TO	MUTURILY IN	ence	10	nours
heart failure, astheria, etc. It means the disease, injury or complication which caused death.)		1		48	336,1
ANTECEDENT CAUSES	(8) DUE TO	remile	0.0	/ 0	121001
DISEASES OR CONDITIONS, if any, giving	7	· a lata-Ma	11: t.	10	400 21
rise to the obove couse (A) stoling the UNDERLYING CONDITION last.	(C)		and the state of	4	J 000
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		o late mele	alaure)	48-	72 how
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes of N	10) 20B. IF YES, WERE FI	NDINGS CON	NSIDERED TH?
U 21A, ACCIDENT WAS UNDERLYING 218	ne, form, foctory, street, of	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exc	oct locotion)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E	. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	7	
(APPROX.)	nile At Not While At Work			1/	1
22. I certify that (1) (this hospital) attended t	he deceased from	1/8	19 02 10	1/10	196
that (1) (we) last saw the deceosed alive on			hat in(my))(our) opln	ion death of	curred on the do
and from the couses stated above.	(did) (did not) v	riew the body ofter deoth.	•		
23A. SIGNATURE	M.D. Atte	ending Med.	Sioff	23B. DATE SI	SNED / S
23CPHYSICIAN'S	Phy	s. Director 23D. ADDRESS	Phy s.	1/16	10)
NAME (Type)	M.D.	Sinsi N	or sital	)/	V
24A. BURIAL CREMATION, 248. DATE 24C. N	AME of CEMETERY of CR	EMATORY 24D.	LOCATION (Ci)	, town, or co	unty) (Stote)
BURIAL 1/17/65 Be	th Tfiloh Cong	. E	Baltimore, Ma	ryland	1
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF AMERICAN TO SEE 1258.	OF REGISTRAR	25C. FUNERAL DIRECTO			address oist Rd.
1000	O C' Margrenni	SOL LEVINSON	g brus. INC.	OUIU K	cust Nu.11
/S 150-REV. 1/1/65					



VS 150-REV. 1/1/65

CE 0004	BALTIMORE CI	TY HEALTH DEPARTMENT	110
RTH NO. 65 0624	CERTIFIC	ATE OF DEATH Register	ed No. 65 0624
N.E. CASE NO.		2. DATE AND HOUR OF	DEATH
ype or Print) Beniamin Hos	ekine	January 16,	1965 1 12:05 a.
PLACE OF DEATH IN BALTIMORE, MA	WLAND	4. USUAL RESIDENCE (Where deceased fix	ved. If institution: residence before admission
		Maryland B. COUNTY	11-02-
HOSPITAL OR oddress or location	or institution, give street )	C. CITY OR TOWN (If outside city limits	s. write RURAL and give township)
INSTITUTION		Beltimore	
C- 10	0 14 - 0	D. STREET ADDRESS (If rural, give local	otion)
Jinai Hospital of	Jalilmore	1111 Park Avenue	
SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In ye	ors If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
Male White	WIDOWED, DIVORCED (specify)	5/23/53 lost birthdoy)	Months, Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work			12, CITIZEN OF
ne during most of working life, even if retired)	Channe	1 i the min	WHAT COUNTRY?
Retail FATHERS NAME	Grocer	Lithuania	USA
	T Handsins		14-
	E. Hopkins	Hannah Rabinow	
Was Deceased Ever in U. S. Anned Fores, no or unknown) (If yes, give wor or dote	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	213-34-9766	David Hopkins - 234 S	. Broadway
18. 200./1	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR			OKSET AND DEATH
LEADING TO DEATH	(A) Pr	reumonia	laay
(This does not mean the made of heart failure, asthenia, etc. It means	the disease,	Lymphosavcome	/
injury as camplication which coused	deoth.)	unal. C	11 wears
ANTECEDENT CAUSES	DUE TO	cymp aravema	
DISEASES OR CONDITIONS, if			A 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
rise to the obove couse (A) UNDERLYING CONDITION tost.	stoting the (C)		
11			
OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I' 19A. DATE OF OPERATION 198. CON WAS PERF	ONTRIBUTING		
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	IED TO THE		
19A. DATE OF OPERATION 198. CON		20A. AUTOPSY? (Yes o No.) 20B. IF YES	WERE FINDINGS CONSIDERED
2			
OP CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g. home, farm, factory, street,	office bldg, INJURY OCCUR?	Boltimore City, give exact location)
DEATH (notify medical examiner)	etc.)		
21 D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Not W		
22 1			January 15 19 60
22. I certify that (1) (this hospital			
		6 19 65 and that in (my) (c	wr) epinian death accurred an the c
and haur and from the causes stat	ed above. (I) (We) (did) (did	view the bady after death.	land a ser classes
23A. SIGNATURE	2 40	Attending To And To Stoff To	23B. DATE SIGNED
Harry M. Char	Rat M.D.	Attending Med. Stoff Phys. Director Phys.	1-16-65
23C. PHYSICIA (S NAME (Type)	7	23D. ADDRESS	
Harry M. Char	katz M.	o. Sinai Kers/telof &	Seltimore
A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF		(City, town, or county) (State
Burial 1/17/19	65 Beth Jacob	Finhshung	Manuland
A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	, Maryland
JAN 1 9 1965	P. O. St E. Fallen M.A.		Inc. 6010 Reisterston
41111 70 1000 1	TO COLOR	60	

The you change Hany M. Harbet 2

## IMPORTANT FUNERAL DIRECTOR:

death Deceased

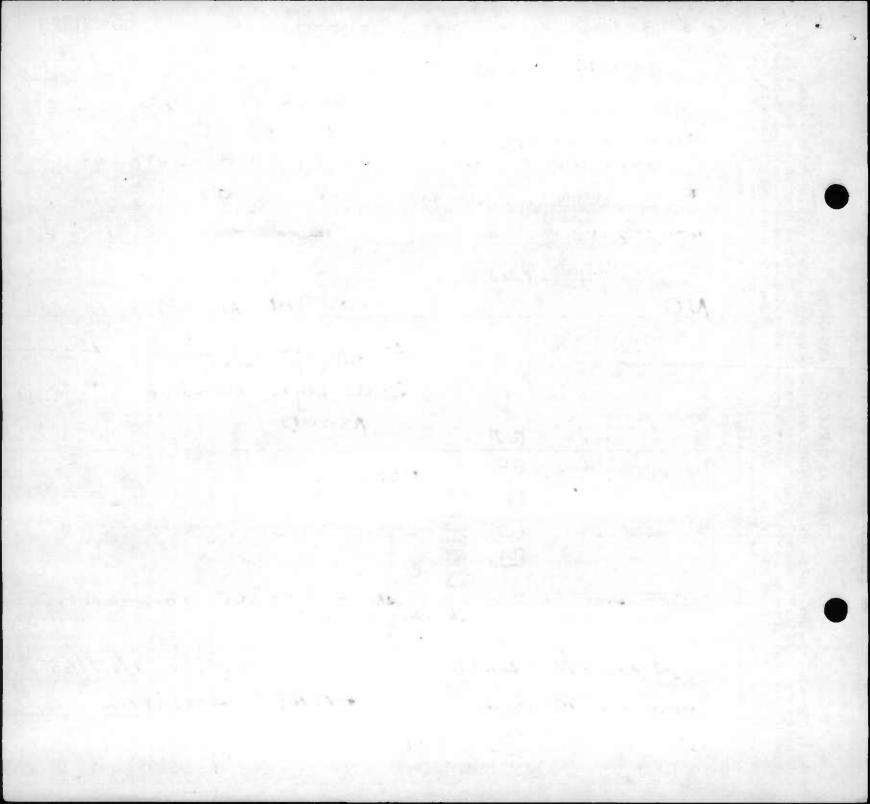
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a hospital of uo

ance use; (5)

prior contributing Undetermined made regular eceased disposition = SID the (4) eath LO final ance any 0 attend embaimed 20 regul 9 are remains Was burns; physician Body 0 before 2 to the hospital °Z nature; obtained 9 and any eath) 0 0 the body was released hospit must An accident Ö 40 approval 8 prior at was D.O.A. shows: (1) eceased decease

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) RESSIE 65 3. PLACE OF DEATH IN RALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) MARYLAND (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL INSTITUTION HOSPITAL D. STREET ADDRESS (If rurol, give location) IMORE LOYOLA SOUTHWAY MARRIED, NEVER MARRIED 5. SEX 6. RACE R. DATE OF BIRTH 9. AGE (In veors If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthdoy FEMAIS Dowed, 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? HOU SEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Wes Decesed Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service) 17. INFORMANT ADDRESS SECURITY NO. HOSPITAL DM1551 1B. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examined) etc.) MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (H)(this hospital) attended the deceased fram JANUARY JANUARY 17 65 that (1) (we) last saw the deceased alive an. and that In(my) (aur) apinion death accurred on the date and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE Attending Phys. M.D. Med. Stoff 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS 3/N AT M.D. SAMUEL 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION town, or county) REMOVAL (Specify) 25B. NAME OF REGISTEAR VS 150-REV. 1/1/65



BURIAL

VS 150-REV. 1/1/65

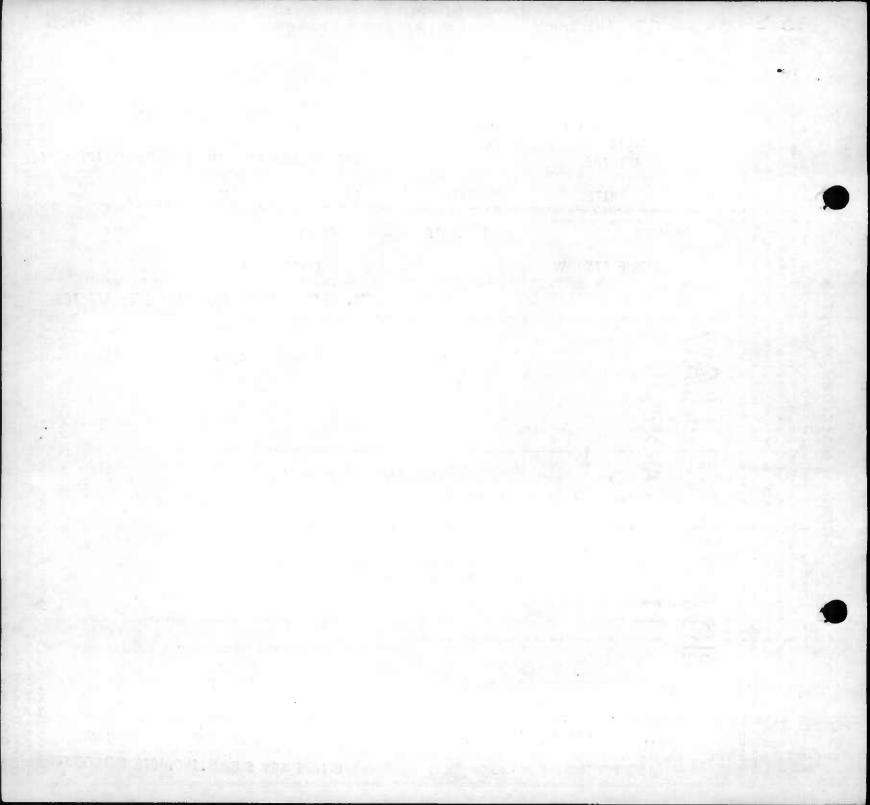
25A. DATE REC'D BY HEALTH DEPT.

1965

Such

	BALTIMORE CITY	Y HEALTH DEPARTMENT		65 0626		
BIRTH NO. 65 0626	CERTIFICA	TE OF DEATH	Registered No	00 0026		
M.E. CASE NO.	OZIKTII TO		AND HOUR OF DEATH			
(Type or Print) DAVID FI	SHMAN	2.03.12	1-11. 196	1 1 9 1		
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D			stitution; rosidence before admission)		
	•	MARYLAND	INIT	27-20		
FULL NAME OF (If not in hospital or inst HOSPITAL OR address or location)	itution, give street		outsido city limits, writo P	RURAL and give township)		
AMERICANA LANDMA	IRK APTS	BALTIMORE				
6316 GREENSPRIN	IG AVE		If rural, give location)	TOTO!!!! 10TO! !!!!!		
APT 108			RING AVE (AM	ERICANA APTS) #108		
	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify) MARRIED	1899	9. AGE (In years lost birthdoy) 65	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
10A. USUAL OCCUPATION (Give kind of work 10B, It done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?		
MANAGER	REAL ESTATE	RUSSIA		USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			
MOSHE FISHMAN		CHAYE	?			
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yos, give wor or dates of s	1 6. SOCIAL	17. INFORMANT		ADDRESS		
NO NO	orvice) SECURITY NO.	MRS. ETTA FISH	IMAN AMERICAN	A APTS APT 108		
18. 44 4 2 X	CAUSE C	DF DEATH	0310 GRE	INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTL	Y	17	0 10	ONSET AND DEATH		
LEADING TO DEATH	(A)	ty pullner	e CUN.	Kyn:		
(This daes not mean the made of dying heart foilure, asthenia, etc. It means the c	isease,					
injury or complication which caused death	(B)	/				
ANTECEDENT CAUSES	DUE TO	• <del>(** *********************************</del>		**************************************		
DISEASES OR CONDITIONS, if any, rise to the above cause (A) statis						
UNDERLYING CONDITION lost.	***************************************					
Z III			1 1	0 , 1		
OTHER SIGNIFICANT CONDITIONS CONTR	TO THE CLUM	une Vaccu	lu Mires	re 1 h.		
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or )	No. 208. IF YES, WERE F	INDINGS CONSIDERED		
WAS PERFORMI	D		IN CERTIFYING CAL	USES OF DEATH?		
OR CONTRIBUTING CALLSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	in or obout 21 C. WHERE DID	(If in Boltimore	City, give exect location)		
DEATH (notify medical axaminer)	etc.)					
21D. TIME (Month) (Doy) (Your) (Ho	11) 21 E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	^		
(APPROX)	While At Not Whi					
22. I certify that (I) (this hospital) atte	Van 16 1965.					
that (i) (we) lost saw the deceased ali				nion death accurred an the date		
and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.						
23A. SIGNATURE 23B. PATE SIGNED						
I fantis	M.D. Att	dending Med. Director	Stoff Phys.	+a-16/96T		
23 G-PHYSICIAN'S NAME (Typo)		23D. ADDRESS	1	1000		
1 8-eph 73 (	SROS SM.D.	6911 Vail	/ Leyles	de July My		
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CR	EMATORY 24D.	LOCATION (Cit	ly, town, or county) (State)		

1/18/65 CHIZUK AMUNO (ARLINGTON) MARYLAND BALTIMORE 25B. NAME OF REGISTRAR Robert E. Farbertin SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN

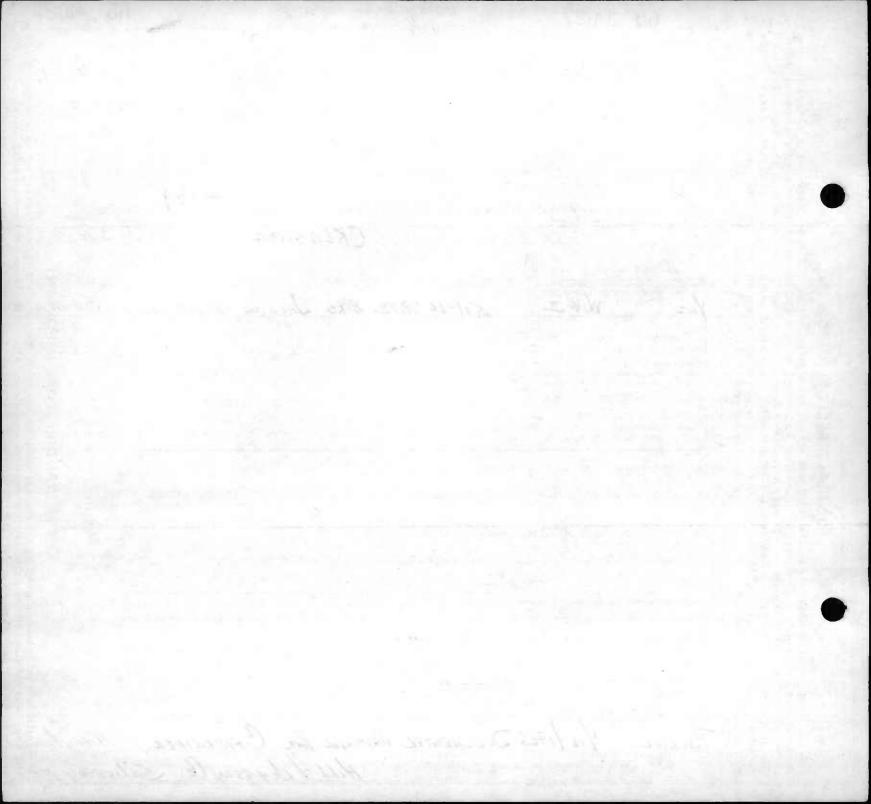


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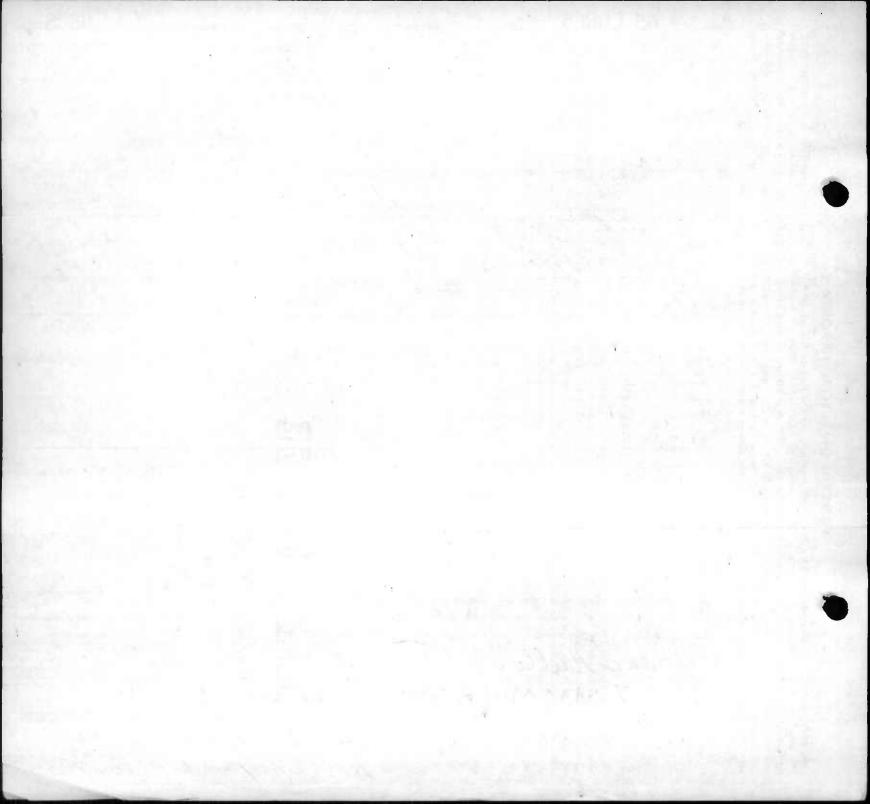
C5 0007	BALTIMORE CITY I	HEALTH DEPARTMENT		65 0627
BIRTH NO. DJ UOCI	CERTIFICAT	E OF DEATH	Registered Na	00 0007
M.E. CASE NO.	021(11110/1)		D HOUR OF DEATH	
17 5:4	Loud		0	PH ( P.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If ins	titutian: residence before odnission)
		A. STATE B. COUN		0 701 0
FULL NAME OF (If not in hospital or institution HOSPITAL OR oddress or location) INSTITUTION	on, give street	C. CITY OR TOWN (If aut	side city limits, write RI	OMICO URAL ond give township)
UNIVERSITY HOSF	PIFAI	Salisbury		72-12
		D. STREET ADDRESS		
BALTIMORE, MARYLA			ort et.	
5. SEX 6. RACE 7. MARRI WIDO	ED, NEVER MARRIED WED, DIVORCED (specify)	6/19 (05	9. AGE (In years lost birthday) 5 9	If Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs Min.
IOA, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY 1	1. BIRTHPLACE (State ar fare	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
Pany Builder		OKLANOMA 4. MOTHER'S MAIDEN NAM		U.S.A.
13. FATHERS NAME	3			
Andrew Cloud		Pearl	Beck	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give yor or dotes of service)	e) 1 6. SOCIAL 1	7. INFORMANT		ADDRESS
YES WWI	(11-10-9272	MRS. ISUNIT	n P Rose	ILLY VIENNAM
118. 2 2 2 4	CAUSE OF	DEATH	4 1. 1911750	INTERVAL BETWEEN .
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) Left	earch'd a	rtery	5 mon Rs
(This daes nat mean the made of dying, e heart failure, asthenia, etc. It means the disea injury ar camplication which caused death.)	.g., DUE TO /	0 €	clusion	
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, giv	ing			
rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)			
11		- W		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF  DEATH (natify medical exomine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, officetc.)	or obout 21C. WHERE DID injury occur?	(If in Bottimore	City, give exoct location)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	White At Not While Wark At Wark			
22. I certify that (I) (this hospital) attende		7.65	9 to /	. 14 1965
that (1) (we) last saw the deceased alive a				ian death accurred an the date
and haur and fram the causes stated above				
23A SIGNATURE				23B, DATE SIGNED
Thousedown Franzis	molly van.D. Attend Phys.	Med.	Stoff Phys.	

Thavatchai Fuangyudhiran M.D. 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS (Hospital University FUAN 24A. BURIAL CREMATION. 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) MEMORIAL PARK ( 2SC. FUNERAL DIRECTOR SA. DATE REC'D BY HEALTH 16 DEPT. 25B. NAME OF REGISTRAR ADDRESS 2



FUNERAL DIRECTOR: IMPORTANT	4.
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	4001

05 0000	BALTIMORE CITY	HEALTH DEPARTMENT	CE 0000
BIRTH NO. 65 0628	CERTIFICA	TE OF DEATH Registered No.	65 0628
M.E. CASE NO.	1	// / 2. DATE AND HOUR OF DEATH	
(Type or Print) + RAMEIS	LEWIER A	4011 1-13-65	M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COUNTY	stitution: residence before admission)
FULL NAME OF (If not in hospital or institu	tion, give street	C. CITY OR TOWN (If outside city limits, write I	RURAL and give township)
8,7 JON 11A	e Aus.	D. STREET ADDRESS (If wol, give locotion)	e Aus.
S. SEX   6. RACE   7. MAR WID	RIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH  9. AGE (In years last birthdoy)  1-23-15  1449	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during night of working lite, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12, CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	ES	14. MOTHER'S MAIDEN NAME	Miles
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na or unknawn) (If yes, give war ar dates af sen	rice) 16. SOCIAL SECURITY NO.	17. INFORMANT FAM. Ley - C	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O	Terroclerola	INTERVAL BETWEEN ONSET AND DEATH
(This does not meon the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which coused death.)  ANTECEDENT CAUSES	e.g., DUE TO	shovascular	
DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoling UNDERLYING CONDITION lost.		esiage	
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING Cetute	Pulnemary Oc	Edeun etay
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21 B. PLACE OF INJURY (e.g., in hame, form, factory, street, at etc.)	n ar about 21C. WHERE DID (If in Baltimore fice bldg., INJURY OCCUR?	e City, give exoct lacation)
21 D. TIME (Manth) (Doy) (Year) (Haur) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At At Wark At Wark	21F. HOW DID INJURY OCCUR?	7
22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive and hour and from the causes stated about	on / /3/45		Masking 19 4 \$
23A, SIGNATURE Mulle	1 140 M.D. AH	ending Med. Stoff Phys.	23B. DATE SIGNED
23C, PHYSICIAM'S NAME (Type) TSAAC M	III ET Melmo	23D. ADDRESS 1227 Se Cha	7/2551
REMOVAL Specify) 1-18-65	4C. NAME AT CEMETERY OF CR	E DEFEMER BAT.	1/ 1200 E
JAN 1 9 1965 OF US 150-REV. 1/1/65	See E. Larbey M.A.	25 ST. FUNERAL DIRECTOR	E FORT OF



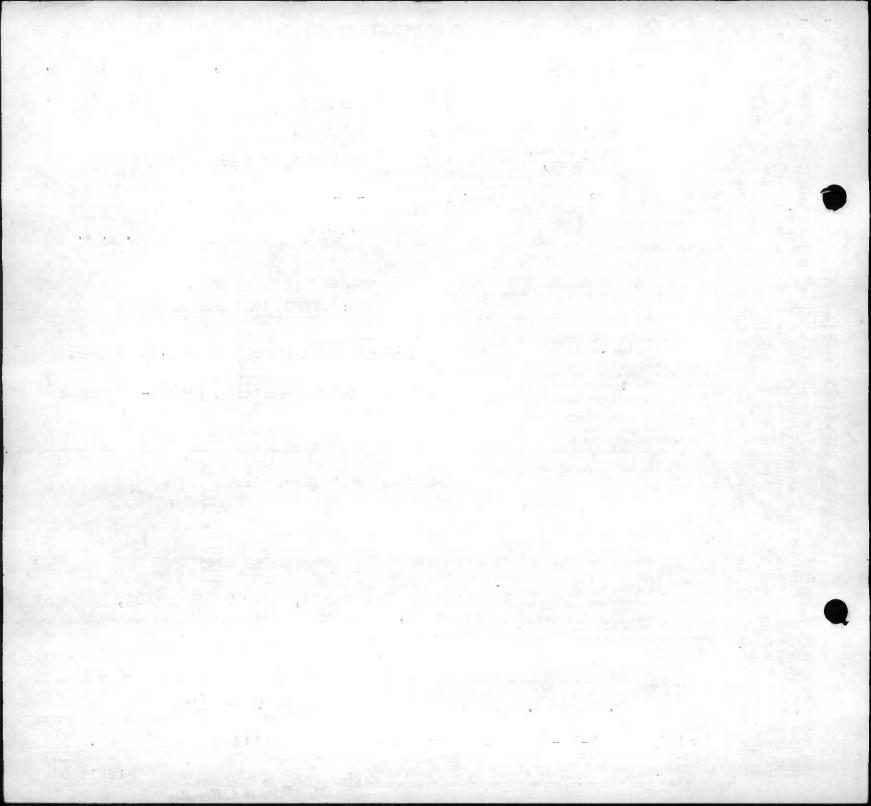
VS 150-REV. 1/1/65

BCH: RECORDS 4940 Eastern Avenue 21224 INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Battimore City, give exact location) ond that in (my) (our) opinion death occurred on the date 23B, DATE SIGNED (City, town, or county) Md. ADDRESS 578 W Biddle St metricery (Mrs) Frances A. Hemsley

If Under 24 Hrs.

Hours

ADDRESS



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

VS 150-REV. 1/1/65

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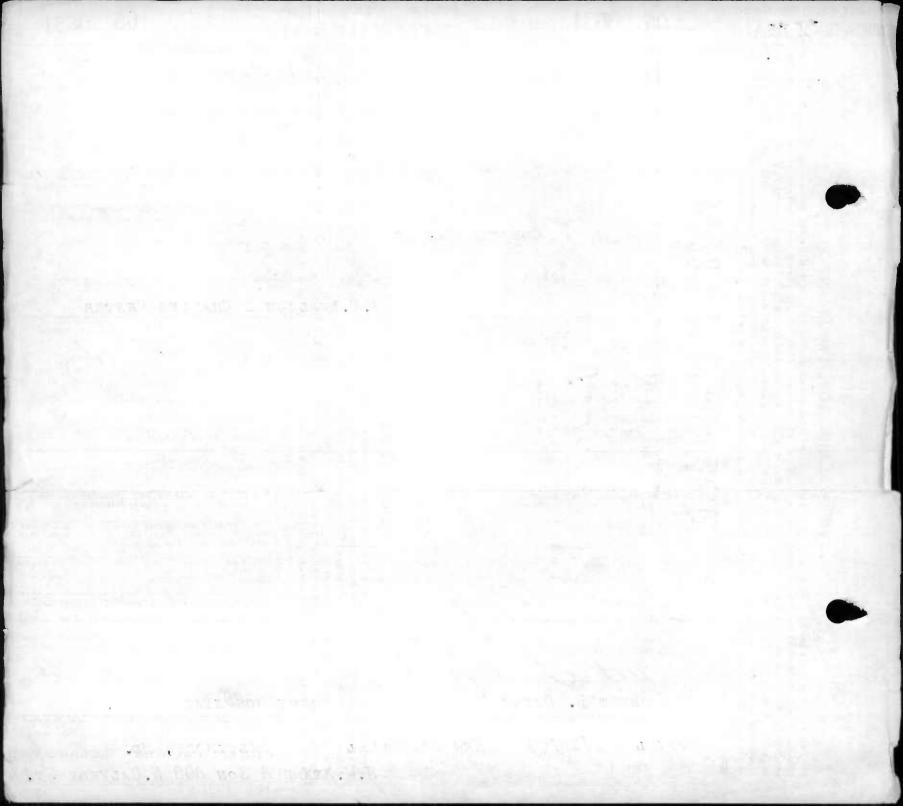
	Pe or Print)			/ CERTIFI			ID HOUR OF DEATH		
ιĘ	RTIELCA	TE CORI	Henrickson Maryland RECTED hospitol of institution	1-20-65	A. STA	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before odr A. STATE B. COUNTY  Maryland			
l li	HOSPITAL OR NSTITUTION	Balti	more City Eastern Av		c. cim	ok town (16 ou	tside city limits, write	RURAL and give Jownship)	
	1.11			land 21224		03 Choptank			
5. S		6. RACE White	WIDO	ED, NEVER MARRIED WED, DIVORCED (speci	B. DATE	OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yı. If Unde Months Doys Hours	
done	House or	vorking life, even il	if retired)	dowed of Business or IND		HPLACE (Stote of fore	gn country)	12. CITIZEN OF WHAT COUNTRY?	
13./	FATHER'S NAM	N.E.	tebens	770		THER'S MAIDEN NA	ME		
15. \ (Yes	Wos Deceased s, no or unknown!	Ever in U. S. A.			17. INFO		0/0 Fr 1	ADDRESS	
		E OR CONDITI	TON DIRECTLY	Re	spirator	1	940 Eastern	INTERVAL BETWONSET AND DE	
	heart failure, injury at com	asthenia, etc. It	made al dying, e It means the disea caused death.) CAUSES	g., DUE T	o letastat	ic Lung Dis	ease	?	
	rise to the	R CONDITION abave caus CONDITION	NS, if any, givi se (A) stating last.	ina		of Breast		16 mont)	
-	OTHER SIGNI	II	TIONS CONTRIBUT	Title					
ATION	TO THE DI			N.		Metastases			
RTIFIC	TO THE DI DISEASE OR	OPERATION 11	98. CONDITION FO WAS PERFORMED	DR WHICH OPERATION	20 A.	AUTOPSY? (Yes of No	yes	FINDINGS CONSIDERED AUSES OF DEATH?	
CAL CERTIFIC	TO THE DIDISEASE OR  19 A. DATE OF  21 A. ACCIDEN OR CONTRIBU	CONDITION CA	9B. CONDITION FO WAS PERFORMED	IV.	20 A.	AUTOPSY? (Yes of No	yes	FINDINGS CONSIDERED AUSES OF DEATH?	
DICAL CERTIFIC	TO THE DIDISEASE OR  19 A. DATE OF  21 A. ACCIDEN OR CONTRIBU	OPERATION CA  OPERATION TO WAS UNDER THIS CAUSE MEDICAL Examination of the committee of the	9B. CONDITION FO WAS PERFORMED  RLYING  OF er)	218. PLACE OF INJURY home, form, foctory, street) 21E. INJURY OCCURRE!	(e.g., in or obou	AUTOPSY? (Yes of No	Yes (If in Boltimo	AUSES OF DEATH?	
MEDICAL CERTIFIC	TO THE DIDISEASE OR 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	OPERATION CA OPERATION II W IT WAS UNDER TING CAUSE medical examine (Month) (Doy) that (I) (this h	AUSING IT.  9B. CONDITION FOWAS PERFORMED  RELYING (OF et)  (Year) (Hour)  hospital) attended deceased alive a	21B. PLACE OF INJURY home, form, foctory, street)  21E. INJURY OCCURRED While At	(e.g., in or oboutest, office bldg.  Dot While Work	Yes 21C. WHERE DID INJURY OCCUR?  21F. HOW DID INJ 1-12- 0.65 and th	URY OCCUR?	AUSES OF DEATH?	
MEDICAL CERTIFIC	TO THE DIDISEASE OR 19A. DATE OF 21A. ACCIDEN OR CONTRIBUDEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour and 23A. SIGNATU	THAT NO CA OPERATION IT WAS UNDER TING CAUSE medical examine (Month) (Doy)  that (I) (this h last saw the c fram the cause RE	AUSING IT.  9B. CONDITION FOWAS PERFORMED  RELYING (OF et)  (Year) (Hour)  hospital) attended deceased alive a	OR WHICH OPERATION  218. PLACE OF INJURY home, form, foctory, shretc.)  21E. INJURY OCCURREI  While At No At d the deceased from	(e.g., in or obout eet, office bldg.)  Do White Work  1-14	Yes  121C. WHERE DID INJURY OCCUR?  21F. HOW DID INJ  1=12=  65 and th bady after death.  Med. Director	URY OCCUR?	re City, give exact locotion)	
MEDICAL CERTIFIC	TO THE DIDISEASE OR 19A. DATE OF 21A. ACCIDEN OR CONTRIBUDEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour and	IT WAS UNDER TING CAUSE medical examine (Month) (Doy)  that (I) (this h last saw the cause fram the cause RE  HOW TO CAUSE MEDICAL CAUSE MEDIC	AUSING IT.  9B. CONDITION FOWAS PERFORMED  REVING (Year) (Hour)  (Year) (Hour)  Authority attended deceased alive a ses stated abave  Cathority (Rathority attended deceased alive a ses stated abave)  Ward K. Ra	DR WHICH OPERATION  21B. PLACE OF INJURY home, form, foctory, street)  21E. INJURY OCCURRED While At Nowork At the deceased from in	(e.g., in or oboutest, office bldg.  Dot While Work  1-14-15  nat) view the  Attending Phys.  23D. ADC  M.D.  45	Yes  121C. WHERE DID INJURY OCCUR?  21F. HOW DID INJ  1-12-  65 and the bady after death.  Med. Director	URY OCCUR?  19 65 ta at in (my) (our) ap	ne City, give exact location)  1-14-19  inion death accurred an  238. DATE SIGNED  1-14-65	

Letter from B.C.H. 1-20-65 M.H.

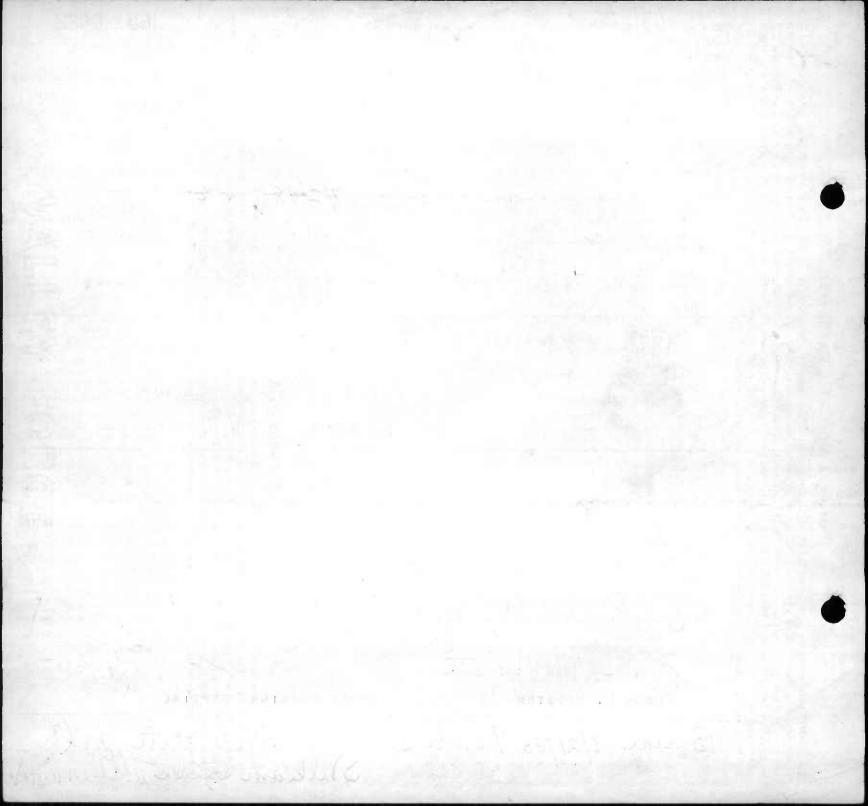
## FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital a

0004	BALTIMORE CITY	HEALTH DEPARTMENT		05
BIRTH NO. 65 UGGL	CERTIFICA	TE OF DEATH	Registered No	65 0631
M.E. CASE NO.  1. NAME OF DECEASED (Typo or Print)		2. DATE AP	ND HOUR OF DEATH	945
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	ere deceosed lived. If insti-	tution: residence before admission)
FULL NAME OF (If not in hospital or institution, give HOSPITAL OR oddioss or location) INSTITUTION	sheet	1	itsido city limits, wille RU	RAL ond give township)
Merce Hospital - B	altimore.	D. STREET ADDRESS (III	tutol, give locotion)	
5. SEX RACE 7. MARRIED, NE WIDOWED, D	IVORCED (specify)	B. DATE OF BIRTH 4-8-13.	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU done during most of working lite, even if retired)  DRIVEY - CHECKER		11. BIRTHPLACE (Stoto or force	oign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME		14. MOTHERS MAIDEN NA	ME en (ce	
15. Was Doceoused Evon in U. S. Armed Foices? (Yes, no or unknown) (If yos, givo won or dotos of service)	SOCIAL SECURITY NO.	17. INFORMANT  J. C. EVELIUS	1 CHARLES	ADDRESS CENTER
OR CONTRIBUTING CAUSE OF home, otc.,	CCE OF INJURY (e.g., ir our, foctory, street, of JURY OCCURRED At Not While At Work	min & Cleans  Delin  Jon obout 21C. WHERE DID fice bldg., INJURY OCCUR?	IN CERTIFYING CAUS	INTERVAL BETWEEN ONSET AND DEATH  2 - 3 dgs 1  IDINGS CONSIDERED ES OF DEATH?  City, givo exect locotion)
22. I certify that (Fifthis hospital) attended the content of the course stated alive on the course stated above. (Fig. 23A. SIGNATURE 23C. PHYSICIAN'S NAME Type) ROBERT L. DOYLE	Ve) (did) (did) v) v	iew the body after death.  Med. S. Director	not in (cour) opinio	on death occurred on the date  38. DATE SIGNED  1-15-65
BURIAL 1/19/65 N	EW CATHER LEGISTRAR	PAL STEEL DIRECTO	PALTIMORE,	
VS 150-REV. 1/1/65	10000	n W : MEARS C	SON GOD I	N. CALVERT ST.



CF 0022	BALTIMORE CITY	HEALTH DEPARTMENT		05 0000	
MIRTH NO. 65 0632 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	65 0632	
1. NAME OF DECEASED	1/ 1/	2. DATE AND HOUR OF DEATH			
3. PLACE OF DEATH IN BALTIMORE MARYLAND	Hall	TA HEHAL BESIDENCE (Wh	111165	litution: residence before admission)	
3. PLACE OF DEATH IN BALTIMORE, MARILAND		A. STATE B. COU		ilititian: residence before admission)	
FULL NAME OF (If not in hospital ar instituti	an, give street	C. CITY OR TOWN (If a	Hone 1	Hrunde (	
INSTITUTION	11 04:00	Annap	utside city limits, write R	OKAL ond give lownship)	
The Johns 1	to prino	7 . 1	rurol, give location)	0227	
Hospital		5-20	Third		
5. SEX 6. RACE 7. MARR WIDO	WED, DIVORCED (specify)	7/2/98	9. AGE (In years last binhday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND dane during mast of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?	
Domestic		md.		USA	
13. FATHERS NAME		14. MOTHER'S MAIDEN NA			
William H. Jo	hnson	5 as	an Be	TIS.	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknawn) (If yes, give war or dotes of service	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
NO		. =			
18. / 7/X I	CAUSE O	F DEATH	3 4 2 3 6	INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	M	Tabilia	Alkalosis		
(This does not meon the made of dying,		· a perio	***************************************	AAA 8	
heart failure, asthenia, etc. It means the diser injury ar camplication which caused death.)	P P	1	1/2 T	in the second se	
ANTECEDENT CAUSES	DUE TO	1011C	65Truction	77	
DISEASES OR CONDITIONS, if any, giv		e astatic	Adeno Cai	tichina	
UNDERLYING CONDITION lost.	0 F	- Cervical	STUMP		
z	7:110				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE				
U 19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	a) 20B. IF YES, WERE F	INDINGS CONSIDERED	
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		NO	IN CERTIFYING CAU	SES OF DEATH!	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i hame, farm, foctory, street, o etc.)	n or about 21C. WHERE DID INJURY OCCUR?	(If in Baltimare	City, give exact location)	
21D. TIME (Manth) (Doy) (Year) (Haut)	21E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?		
(APPROX)	While At Work Not While At Work				
22. I certify that (1) (this hospital) attended	ed the deceased from	12/19	19 6410 1	117 1965	
that (1) (we) last saw the deceased alive	1 / / - 7			ion death occurred on the date	
and haur and from the causes stated above	(1) We) (did) (did not)				
23A. SIGNATURE		anding C A4-4	State of	23B. DATE SIGNED	
grant M. Ho	Phy		Stoff Phys.	1/18/65	
23C. PHYSICIAN'S NAME (Type) FRENK M. HOUSTON		23D. ADDRESS  JOHNS HOPKIN	IS HOSPTIAL		
	M.D.			15	
JEMOVAL (Spegily)	THE OF CEMETERY OF CR	EMATORI 24D.	LOCATION (City	y, town, or county) (Stote)	
25A. DATE REC'D BY HEALTH DEPT. 1258, NAM	Towlers	25C NEUNEDAL DIRECTO	est Ja	LL, MANDRESS	
JAN 1 9 1965 A	B. E. Falley M.D.	N. W. S.	La Logo	Il among me	
VS 150-REV. 1/1/65	D C' Montreel and	- muin	n sycole	- mi vidi inteli	



BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

2. DATE AND HOUR PRONOUNCED DEAD DAISY STUBBS January 15, 1965

6:15 A

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR

UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY

Maryland
CITY OR TOWN (If outside carparate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

667 W. Franklin Street

9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. Manths, Days, Hours, Min. WIDOWED, DIVORCED (specify) lost birthday 49 Female Negro BERTHPLACE (State, or foreign country) 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF most of working life, seen if retired) WHAT COUNTRY?

4. MOTHER'S MAIDEN NAME

16. SO CIAL SECURITY NO.

ADDRESS

(Yes, no or unknown), (If yes, give war or dates of service)

CAUSE OF DEATH

Cirrhosis of liver

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)

ANTECENDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

MEDICAL 21 A. EXTERNAL CAUSE WAS UTING CAUSE OF DEATH.

(Manth)

NO O

 $\overline{0}$ 

21D TIME

OF INJURY

(APPROX.)

21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Baltimare City, give exact location) lame, farm, factory, street, affice bldg., NJURY OCCUR?

21E. INJURY OCCURRED (Day) (Year) (Hour) WHILE AT NOT WHILE

21F. HOW DID INJURY OCCUR?

22. I certify that I held on Inquiry

Inspection

Autopsy X

ond that on this basis, death in my opinion

resulted from: Notural couses X Accident Suicide

Homicide Undetermined monner CHIEF MEDICAL EXAMINER

DATE SIGNED

ACTUAL SIGNATURE. EXAMINER'S

M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER

1-15-65

NAME (Type) 234. BURIAL CREMATION, 23B. DATE REAL (Specify)

John E. Adams, M.D 23C. NAME of CEMETERY or CREMATORY

23D. LOCATION

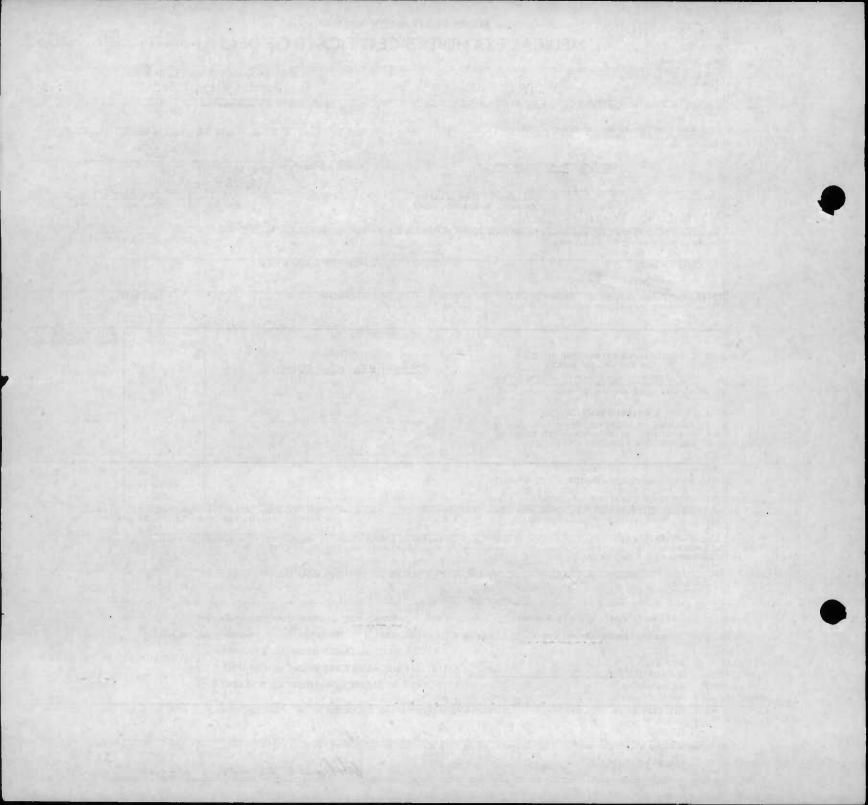
(State)

248, NAME OF REGISTRA HEALTH DEPT.

AGE FUNERAL DIRECTOR

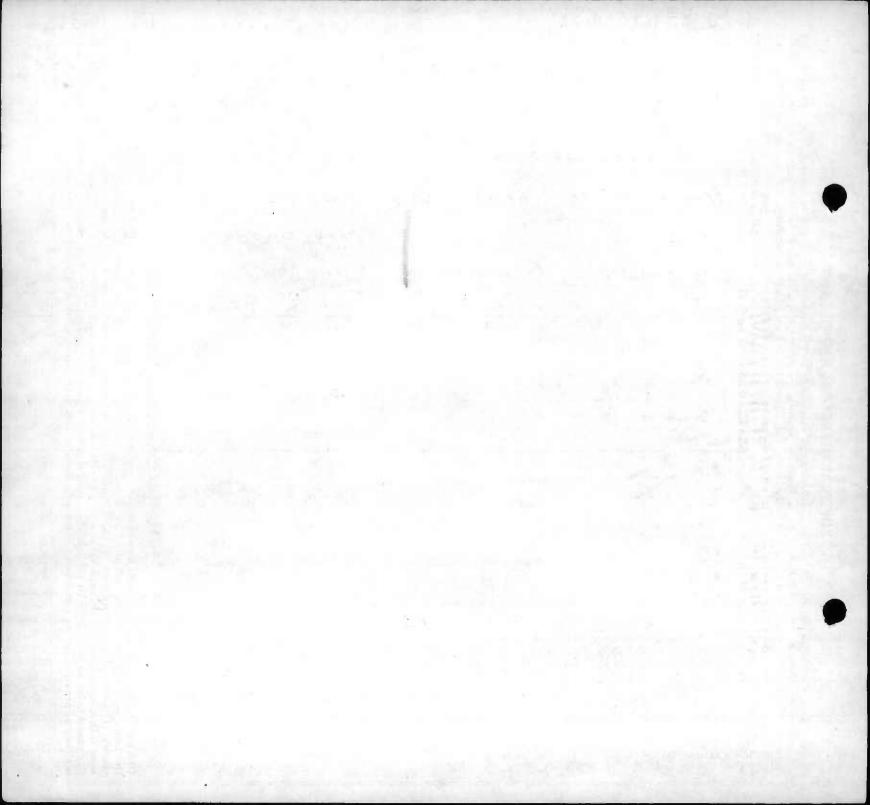
ADDRESS

VS 151-REV, 1/1/65



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

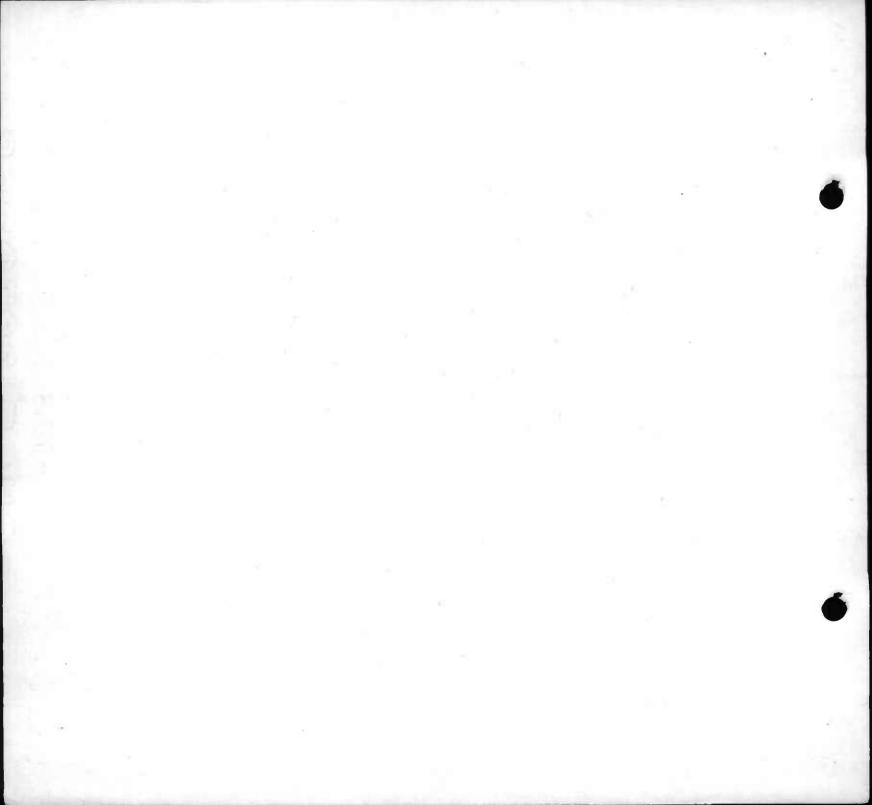
	1263 65 0634	BALTIMORE CITY	BALTIMORE CITY HEALTH DEPARTMENT			
Bi	RTH NO.	CERTIFICA	TE OF DEATH	Registered Na.	65 0634	
1	NAME OF DECEASED NARY ROYPE OF PRINT MARY ROYPE OF PRINT MARY ROYPE OF PRINT MARY ROYPE OF THE R	SE GUCKERT		18/165	12.05Am.	
3.	PLACE OF DEATH IN MALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution	. give street	A, STATE B. COUN		ion: residence before odmission)	
	HOSPITAL OR INSTITUTION The Hospital		Dundalk	side city limits, write RURA		
	Women of Mo	γ.	6921 BA	Poening	Rd.	
7	Comple Wilhite WIDOW	D, NEVER MARRIED ED, DIVORCED (specify)  UR Married	7-24-1882	9. AGE (In years ) If Mo   Mo	Under 1 Yr. If Under 24 Hrs. https://doi.org/10.1001/1	
	DA, USUAL OCCUPATION (Give kind of work 108, KIND (one during most of working life, even if retired)				CITIZEN OF WHAT COUNTRY?	
1.	A FATHER'S NAME	6 - 1	Mary land			
110	S. Wos Deceosed Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dotes of service)		Mr. Chr	n. Josephine ristopher J.	Gückert	
	unknown NO	NONE CAUSE O		CKart. 6921	Broening Rd 2	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g. heart failure, osthenio, etc. It meons the diseas injury or camplication which coused death.)  ANTECEDENT CAUSES	(A) DUE TO  (B) Luler	Cente Pulmon association Cardio	ary Edima vasarlar Irse	ONSET AND DEATH	
	DISEASES OR CONDITIONS, if any, givin rise to the above couse (A) stating the UNDERLYING CONDITION last.	g e (C)				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO 1 DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	THE	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIND	INGS CONSIDERED	
	WAS PERFORMED		768	IN CERTIFYING CAUSES	OF DEATH?	
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	18. PLACE OF INJURY (e.g., i ome, form, foctory, street, o ic.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore City	/, give exact location)	
	S OF INJURY	K. INJURY OCCURRED  While At Not While At Work	21 F. HOW DID INJ	URY OCCUR?		
	22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased all	the deceased from MAN 18/2	JAN 13/1 1 1965 and the	965 ta JA) at in(my) (aur) apinian	death accurred on the date	
	and haur and from the causes stated above.  23A. SIGNATURE  WKas	(I) (We) (did) (did nat)	riew the bady after death.		DATE SIGNED	
	23C. PHYSICIAN'S NAME (Type) DY KUKA  4A. BURIAL CREMATION, 124B. DATE 124C.	MI D.D. M.D.	Women's H	cospolal 13	saltimosely  (Stote)	
2	REMOVAL (Specify)					
2		e of REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS  NC. BALTO. MD.	
	\$ 150-REV. 1/1/65	-, -, -, -, -, -, -, -, -, -, -, -, -, -				



## EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. PLEASE WRITE THE CAUSES OF DEATH CLEARLY AND LEGIBLY.

65 0635 BA	LTIMORE CITY HEALTH	DEPARTMENT	Registered No.	0635
BIRTH NO.	CERTIFICATE OF	DEATH	Registered No.	الباديدي
1. NAME OF DECEASED (Type or Print)  Janie My	ers		2. DATE OF DEATH  January	16, 1965
3. PLACE OF DEATH IN BALTIMORE, MARY FULL NAME OF HOSPITAL OR INSTITUTION  1. PLACE OF DEATH IN BALTIMORE, MARY ADDRESS OR LOCATION)	YLAND E STREET	4. USUAL RESIDENCE (Where decee A. STATE B. COUNTY Md. C. CITY OR TOWN (If outs		before edmission)
1444 N. Bo	nd St.	Baltimore D. STREET ADDRESS	(If rurel, give location	я
WIDO	GLE, MARRIED, DWED, DIVORCED (Specify)	B. DATE OF BIRTH 9. A	GE (In yeers If Unde birthdey) Months	
done during most of working life, even if relired)  Domes Xie	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foraign cour	WH	ZEN OF AT COUNTRY? V. S. A.
13. FATHER'S NAME	I 16. SOCIAL	14. MOTHER'S MAIDEN NAME	?	ADDOSES
Yes, no or unknown) (If yes, give wer or detes of service)	SECURITY NO. 2/8-07-89/7		444 N. Bon	ADDRESS  d St.
18. 44 4 2   I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g.,	CAUSE (A)	Car Jio- Leval		INTERVAL BETWEEN ONSET AND DEATH
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)  ANTECEDENT CAUSES	(B) CY	Alexant Euro	Jisé asu	245
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	(C)	N		
THE DEATH BUT NOT RELATED TO 1 DISEASE OR CONDITION CAUSING IT.				
		B. CONDITION FOR WHICH OPERATION AS PERFORMED	ON 20.	AUTOPSY?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, offic etc.)		(If in Beltimore City, give exa	ct location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED  WHILE AT NOT WHILE WORK AT WORK		CCUR7	
22. I certify that (1) (this haspital) attended in (my) (our) apinian death occ	_, that (1) (we) last saw th	he deceased alive an	1-16	1965
23A. SIGNATURE  ATTENDING PHYS.   MED. DIRECTOR □ ST		237 h. Cacol		19.65
Durish 1/21/65 m	C. NAME of CEMETERY OF CREMA	netery a. a.	-	md.
100 4 0 4005 10 -	ME OF REGISTRAR  Low E. Farley M.D.	25C. FUNERAL DIRECTOR Robert EWillia	me, 1701-03 %.	Bond A. 13
13 130	6.50	0 4 3 5		

BALTIMORE CITY HEALTH DEPARTMENT



7 67117	ERTIFICATE OF DEATH Registere	d No
M.E. CASE NO. U / > 7 /	12. DATE AND HOUR PRONOUNCED	DEAD
1. NAME OF DECEASED (Type or Print)		DEAD
RICHARD PRICE 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	1-18-65	ion: residence before admission)
A LEGE IN PRESENTANT MICHEL MAIN OF SELECTION OF SELECTIO	4. USUAL RESIDENCE (Where deceased lived, 11 institut A. STATE B. COUN	1.0.0
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write R	URAL ond give township)
NSTITUTION	De7 timen	20-00
6012 Flamingo Drive - Baltimore 21225	D. STREET ADDRESS (If rurol, give location)	00000
OUTE FLAMENSO DITVE - DATOLINOTE ZIZZ)	6012 Flamingo Drive - 21225	
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr, If Under 24 Hrs.
Male Colored Widowed, Divorced (specify)	10 8 1895 lost hirthdoy)	Months, Doys   Hours   Min.
OA. USUAL OCCUPATION GIVE kind of work TOB. RIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	2. CITIZEN OF
one dyring most of Working life, even if retired)	DA To mal	WHAT COUNTRY?
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	WH
1 (1).	marte my	
5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16, SOCIAL	17. INFORMANT	DDRESS
esting unknown) III yes, give wor or dates of service) SECURITY NO.	P . // 1	1071
10 \$15-05-9147	Campsu Howard - 62	12 + laminge
1B. CAUSE	OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH  (This does not mean the mode of dying e.g., (A)	d and 3rd degree burns and	
	rbon Monoxide poisoning	
ANTECENDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO		
UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIND	
	No IN CERTIFYING CAUSES	
( 21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., home, form, foctory, street, c	in or about 21C. WHERE DID (If in Boltimore City, give office bldg., INJURY OCCUR?	exoct location)
UTING CAUSE OF DEATH.	6012 Flamingo Drive -	
21D TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	Dat 00 Little
(APPROX.) 1 18 165 7 Mm. WHILE AT NOT WORK	WHILE I Bed caught fire while	
22.	Bed caught fire while	smoking
	topsy ond that on this basis, death in my	opinion
resulted fram: Notural couses Accident x, Suicid	e Homicide Undetermined manner	
1 21 20 - 0	CHIEF MEDICAL EXAMINER	
ACTUAL A W Rec	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D.	ASSOCIATE MEDICAL EXAMINER	
	ASSOCIATE MEDICAL EXAMINER.	1-18-65
NAME (Type) PETER W. RIECKERT, M.D.		
3A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	CREMATORY 23D. LOCATION (City, to	wn, or county) (Stote)
3A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	0.00	own, or county)
3A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY OF SURE OF COMMENTS OF C	vary Brooklyn	ma
3A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY OF SURVEY 10-21-65 PML CALL 4A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	0.00	ADDRESS
SA. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY SEMONAL (Specify) 10-21-65 Wit Cal	vary Brooklyn	ma



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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the CA	pla	written approval must be obtained before the remains are embalmed or final disposition is made.	
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	Thi	the	sho	MG	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	W	1
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	- 0 0101		BALTIMORE CITY	HEALTH DEPARTMEN	NT .	65 (	0637
	55 0637		CERTIFICA	TE OF DEAT	H Registered Na.	00 (	1001
NAME OF DEC	CEASED				TE AND HOUR OF DEATH		
Type or Print)	Alex Safr	022			1-17-19	65	11.35A
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND			(Where deceased lived. If in	n stitution: tesidenc	
					COUNTY	5) 1	10
FULL NAME O	OF (If not in hospital oddiess or location		give street	Maryland		1	) karaman
INSTITUTION				C. CITY OR TOWN	(If outside city limits, write	RURAL ond give	township)
	Baltimore	_		Baltimore			
	4940 Easte			D. STREET ADDRESS	(II ruiol, give location)		
	Baltimore				Durham Street,		
SEX	6. RACE		D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months: Doys	Hours Min.
Male	White	Wide		6-24-1886	78	- 8	
	UPATION (Give kind of work	108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OI	F
	working lile, even if retired)	C+1	17. A.7	Massiand		WHAT CO	S.A.
	ork Retired	Sou U	nern Hotel			0.	0 6 11 6
FATHER'S NA	WE			14. MOTHER'S MAIDEN	NAME		
Tin	nothy Safron			Sophie	e Unk		
. Was Deceased	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	- 7.000	ADDI	RESS
	n) (II yes, give wor or date	s of service)	SECURITY NO.	December 100	I 1010 Fortown	Arronna	
No	6666				H-4940 Eastern		
18. 42	2, / 1		CAUSE O	F DEATH			AND DEATH
DISEA	SE OR CONDITION DI	RECTLY					
170	LEADING TO DEATH		(A) Chro	nic Obstructi	ve Lung Diseas Cardiovascular Disease	3e y	ears
	nol meon the mode of , osthenio, etc. Il meons		DUE Arte	riosclerotic	Cardiovascular		
	mplication which coused				Disease		
	ANTECEDENT CAUSES		DUE TO		M-0		
DISEASES	OR CONDITIONS, if	ony, giving					
rise to th	ne obove couse (A)						
UNDERLYIN	G CONDITION lost.						
	11						
	DEATH BUT NOT RELA					5 3 3 3	
	CONDITION CAUSING		16				
19A. DATE O	F OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONS	DERED
	***************************************	CRIVIED		No	OBAM MITO OF	ioses of beam	
	ENT WAS UNDERLYING	218	B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE D	OID (II in Boltimor	re City, give exoc	t locotion)
DEATH (notile	UTING CAUSE OF y medical examiner	etc	ne, form, foctory, street, of .)	ince bidg., INJURI OCCI	J K:		
21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	215 HOW DI	D INJURY OCCUR?		
S OF INJURI	(14tollill) (Doy) (1eol)		hile At Not While		D INJURY OCCUR:		
(APPROX.)		W	At Work				
22. 1 certify	that (1) (this hospital	) attended t	the deceased from	12-18-	19 64 to	1-17-	19 65
			1-17	65			
that (I) (we	) last saw the decease	ed alive an.		19 02 0	nd that in (my) (aur) ap	inion death acc	urred on the d
and haur an	nd from the causes sta	ted above. (	I) (We) (did) (did nat) v	iew the body after de	eath.		
23A. SIGNAH	URE. O A O	V				23B. DATE SIGN	
1	harl C.	Famo-	M.D. Atte	ending Med.	Stoff Phys.	1-17	-1965
23C. PHYSICIA	ANS	1-010		23D. ADDRESS	- 1173.		
NAME (		A. Lane			tern Avenue 21	1221.	
				Parameter and the second	Join Avenue 2	north	
AA. BURIAL CRE	Specify) 248. DATE	24C. N	AME of CEMETERY OF CRE	MATORY 2	4D. LOCATION (C	city, town, or coun	ity) (Stote)
Buria	- T "A	65 H	oly Trinity Ce	meterv	Elkridge		Md
	BY HEALTH DEPT.		OF REGISTRAD	25C. FUNERAL DIRI		AI	DDRESS
Drive Reo L	IAN 1 9 1965		E Farker M.A				
	77 111 20 1000	John	C' dans	The Pippe	l Brothers 180	O E Lomba	ra st
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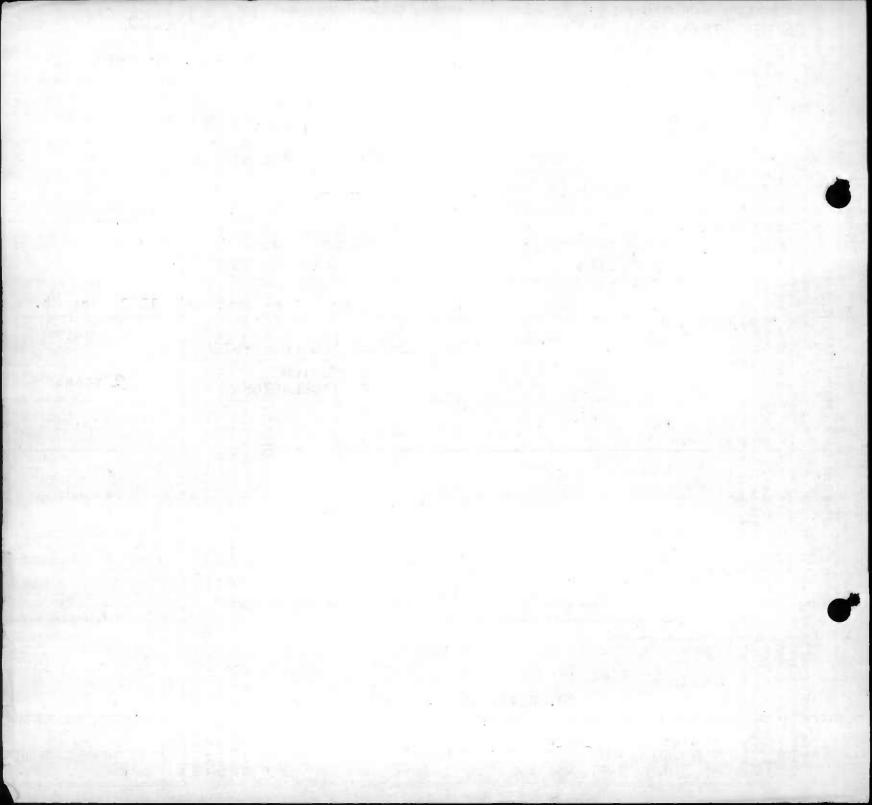
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Such

5526561-10878	BALTIMORE CITY	HEALTH DEPARTMENT		65 0628
MRTH NO. 65 0638 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na.	00 000
Type of Print) DARRELL ADALF	RIMS	2. DATE A	1-16-65.	3;03 PM
FULL NAME OF (If not in hospital or institution, give hospital or oddress or location)  THE JOHNS HOPKINS HO		MARYLAND C. CITY OF TOWN (If o. BALT I MORE	NTY utside city limits, write	RURAL ond give township)
THE COMMO HOTKING THE	, o, ITAL	D. STREET ADDRESS (III	rurol, give locotion)  STREET	
6. RACE 7. MARRIED, N WIDSYENG	EVER MARRIED OVERCED (specify)	B. DATE OF BIRTH 4-12-61	9. AGE (In years lost birthde)	II Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF B done during most of working life, even if retired)  Child	UŠINESS OR INDUSTRY	Baltimore		12. CITIZEN OF WHAT COUNTRY?
JOHN SIMS		14. MOTHER'S MAIDEN NA		
	6. SOCIAL SECURITY NO.	17. INFORMANT	- CWDEN	ADDRESS
	JEGORIII IIO.	John Sims	(Father)	1103 Race St.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving	CENT DUE TO	TRAL NE%EVOUS DEPRESSION RETINOBLAST		ONSET AND DEATH
TISE TO THE OBOVE COUSE (A) STORING THE UNDERLYING CONDITION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHAT WAS PERFORMED	(C)			
198. DATE OF OPERATION 198. CONDITION FOR WE	IICH OPERATION	YES YES	10) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218. P	ACE OF INJURY (e.g., in form, foctory, street, of	or obout 21 C. WHERE DID	(If in Boltimor	e City, give exoct locotion)
	☐ At Work		JURY OCCUR?	
22. I certify that (I) (this haspital) attended the that (I) (see) last saw the deceased alive an and haur and from the causes stated above. (IV 23A. SIGNATURE	Jon. 16 0		hat in (my) (aux) apl	Inlan death accurred an the do
Reity R. TII & Clos  23C. PHYSICIAN'S NAME (Type)  DR. KEITH	They Phy	23D. ADDRESS	Stoll Phys.	Jan. 16, 1963
REMOVAL (Specify)	imore Nati			ity, town, or county) (State)

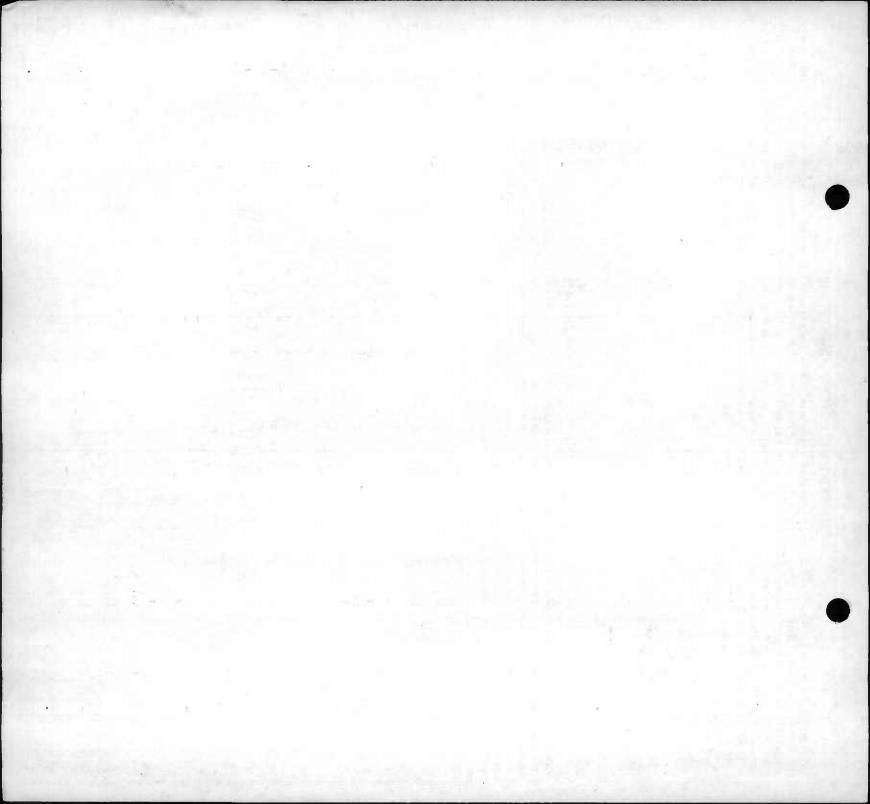
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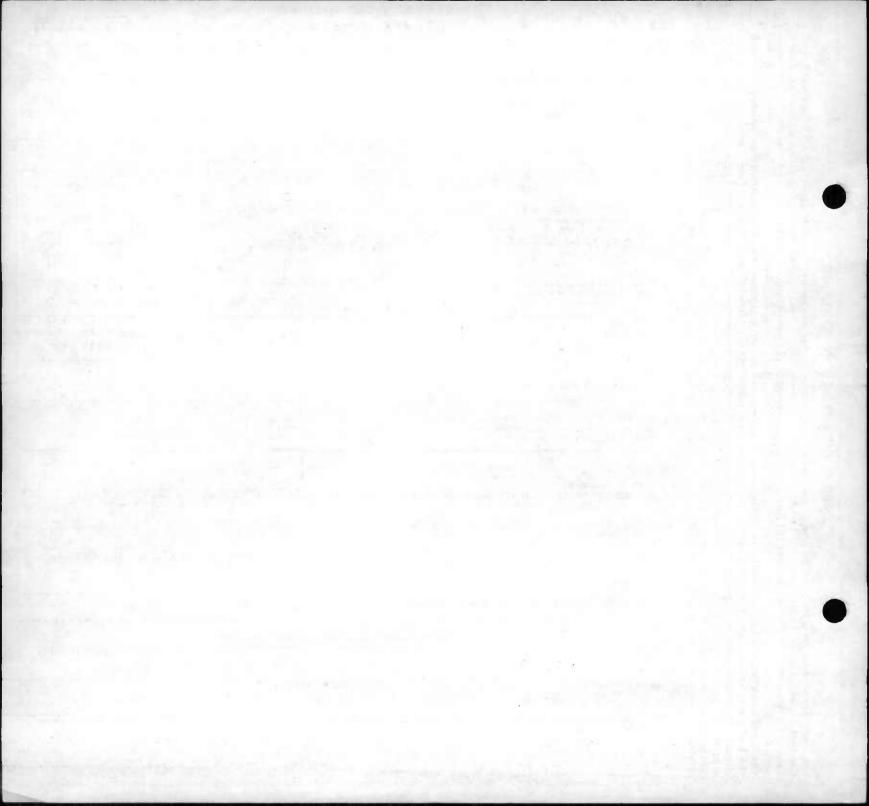
## FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death; and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

05	0000		BALTIMORE CITY	TICALITI DEL ARTMENT		05 0000
KIH NO.	0639		CERTIFICA	TE OF DEATH	Registered Na.	65 0639
A.E. CASE NO.	ED				ND HOUR OF DEATH	
Type or Print)						
Emma Haye	IN BALTIMORE MA	RYLAND		4. USUAL RESIDENCE (Wh	ere deceased lived II i	nstitution: residence before odmission
				A. STATE B. COU	NTY	16-01
FULL NAME OF	(If not in hospital	or institution,	jive street	Maryland		/ /
HOSPITAL OR	oddress or to cotion			C. CITY OR TOWN (If o	utside city limits, write	RURAL and give township)
	rovident H			Baltimore		
	514 Divisi			D. STREET ADDRESS	f rurol, give location)	
Ba	altimore,	Marylan	d 21217	1103 N. Care	y Street	
. SEX 6. R	RACE	7. MARRIED,	NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (tn years lost birthdoy)	If Under 1 Yr. If Under 24 Hr.
Female 1	Negro	Wido		?	80	Total III.
				11. BIRTHPLACE (State or for		12, CITIZEN OF
one during most of worki	ing life, even if retired)		1mm	Manualand		WHAT COUNTRY?
HOME MA	AKER	AT L	1	Maryland		USA
				14. MOTHER'S MAIDEN NA	AME	
UNKER	- un			UNKNOWN		
. Was Deceased Eve	er in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(es, no or unknown) (If	yes, give wor or dote	es of service)	SECURITY NO.	TON MOORE 1	11021/100	54 GL.
NO				EDA 11001 6 1	1030000	104.
18. 2	X I		CAUSE O	F DEATH	IST A PARTY	INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION DI	RECTLY				ONSET AND DEATH
LEA	ADING TO DEATH		Cereb	ro-vascular ac	ccident	
	mean the made of henia, etc. II means		DUE TO	######################################	electrical and the different difference are specific difference and appropriate about the difference are appropriate and appro	
	totion which coused		Tr. t.	. 1 7 1	1.	
ANT	ECEDENT CAUSES	2	(B) Intra	cerebral hemo	orrnage	
	CONDITIONS, if above cause (A)		Sever	e hypertension	1	
UNDERLYING C			(0)	ilmi 400 m m 400 0 0m 0 0 m 0 0 0 0 0 0 0 0		
	II					
OTHER SIGNIFICA	ANT CONDITIONS			d arterioscler	rosis	
	TH BUT NOT RELA		Malnutriti	on, secondary		United the second second
19A. DATE OF OP	ERATION 198 CON	IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED
19A. DATE OF OP	WAS PER	REPORMED			IN CERTIFYING CA	ALICES OF DEATH?
						OSES OF DEATH.
21 A. ACCIDENT	WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimo	
OR CONTRIBUTION		hom	e, form, foctory, street, o	n or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
OR CONTRIBUTION DEATH (notify me	IG CAUSE OF	hom etc.	e, form, foctory, street, o	ffice bidg., INJURY OCCUR?		
OR CONTRIBUTION DEATH (notify mer	IG CAUSE OF	(Hour) 21 E.	e, form, foctory, street, o	ffice bidg., INJURY OCCUR?  21F. HOW DID IN		
OR CONTRIBUTIN DEATH (notify me	IG CAUSE OF	(Hour) 21 E,	e, form, foctory, street, o  INJURY OCCURRED  te At Not Whil	ffice bidg., INJURY OCCUR?		
Q 21A. ACCIDENT NOR CONTRIBUTIND DEATH (notify me) 21D. TIME (MOF INJURY (APPROX.)	Acoust OF edicol exominer)	(Hour) 21E. Whi	e, form, foctory, street, o  INJURY OCCURRED  te At Not Whil k At Work	ffice bidg., INJURY OCCUR?  21F. HOW DID IN	JURY OCCUR?	re City, give exoct locotion)
Z1A. ACCIDENT NO OR CONTRIBUTIND DEATH (notify me)  21D. TIME (MOPPROX.)  22. 1 certify tha	Anoth (Doy) (Year)	(Hour) 21E, Whi World attended the	e, form, foctory, street, o  INJURY OCCURRED  te At	ffice bidg., INJURY OCCUR?  21F. HOW DID IN  1e  2-27-64	JURY OCCUR?	re City, give exoct locotion)
Z1A. ACCIDENT NO OR CONTRIBUTIND DEATH (notify me)  21D. TIME (MOPPROX.)  22. 1 certify tha	Acoust OF edicol exeminer	(Hour) 21E, Whi World attended the	e, form, foctory, street, o  INJURY OCCURRED  te At	ffice bidg., INJURY OCCUR?  21F. HOW DID IN  1e  2-27-64	JURY OCCUR?	re City, give exoct locotion)
21A. ACCIDENT NO OR CONTRIBUTIND OR CONTRIBUTIND DEATH (notify me 21D. TIME OF INJURY (APPROX.)  22. 1 certify that that (I) (we) las	Anoth) (Doy) (Year)  It (1) (this hospital st saw the decease	(Hour) 21E, Whi Wo	injury Occurred  At Not Whit  At Work  The deceased fram 1  1-15-65	ffice bidg., INJURY OCCUR?  21F. HOW DID IN  1e  2-27-64	19ta	re City, give exoct locotion)
21A. ACCIDENT NO OR CONTRIBUTIND OR CONTRIBUTIND DEATH (notify me 21D. TIME OF INJURY (APPROX.)  22. 1 certify that that (I) (we) las	Anoth) (Doy) (Year)  It (1) (this hospital st saw the decease	(Hour) 21E, Whi Wo	injury Occurred  At Not Whit  At Work  The deceased fram 1  1-15-65	21F. HOW DID IN 1e 227-64 and f	19ta	re City, give exoct locotion)
21A. ACCIDENT VORCONTRIBUTIND OR CONTRIBUTIND DEATH (notify medical property) 21D. TIME (MAPROX.)  22. I certify that that (I) (we) last and haur and from	Anoth) (Doy) (Year)  It (1) (this hospital st saw the decease	(Hour) 21E, Whi Wo	injury Occurred  Not White At Work  Not White At Work  Not Work  Not Work  Not Work  At Work  Not Work  At Work	21F. HOW DID IN  22 - 27 - 64  21e and to the bady after death.  Med	JURY OCCUR?  19ta hat In(my) (aur) ap	re City, give exoct locotion)  15-65  Inlan death accurred an the da
21A. ACCIDENT NOR CONTRIBUTIND OR CONTRIBUTIND EATH (notify me.) 21D. TIME OF INJURY (APPROX.)  22. 1 certify that that (1) (we) last and haur and from the contribution of the contributi	at (I) (this hospital st saw the decease am the causes sta	(Hour) 21E, Whi Wo	INJURY OCCURRED  te At Not White At Work  ne deceased from 1 1-15-65  ) (We) (did) (did nat)	INJURY OCCUR?  21F. HOW DID IN  2-27-64  19 and to view the bady after death.  ending Med. Director	19ta	The City, give exact location)  15-65  Inlan death accurred an the da
21A. ACCIDENT VORCONTRIBUTIND OR CONTRIBUTIND DEATH (notify medical property) 21D. TIME (MAPROX.)  22. I certify that that (I) (we) last and haur and from	and the causes sta	(Hour) 21E, Whi Wo	injury Occurred  Not White At Work  Not White At Work  Not Work  Not Work  Not Work  At Work  Not Work  At Work	21F. HOW DID IN  22F. HOW DID IN  22 27 - 64  21g. and to the bady after death.  Med. Director	JURY OCCUR?  19ta hat In(my) (aur) ap  Stoff Phy s. X	15-65 19 19 19 19 19 19 19 19 19 19 19 19 19
21A. ACCIDENT VOR CONTRIBUTIND PATH (notify med) 21D. TIME OF INJURY (APPROX.)  22. 1 certify that that (I) (we) last and haur and from the contribution of the contri	and the causes sta	(Hour) 21E, Whi Wo:	injury Occurred  Not White At Work  Not White At Work  Not Work  Not Work  Not Work  At Work  Not Work  At Work	21F. HOW DID IN  22F. HOW DID IN  22 27 - 64  21g. and to the bady after death.  Med. Director	JURY OCCUR?  19ta hat In(my) (aur) ap  Stoff Phy s. X	re City, give exoct locotion)  15-65  Inlan death accurred an the da
21A. ACCIDENT YOUR CONTRIBUTIND OR CONTRIBUTIND DEATH (notify med) 21D. TIME OF INJURY (APPROX.)  22. I certify that that (I) (we) last and haur and from the contribution of the contribu	idical examiner)  Anothin (Doy) (Year)  In (I) (this hospital st saw the decease am the causes startle (Doy) (Year)  On P. Laza TION, 24B. DATE	(Hour) 21E, Whit Word above. (I	INJURY OCCURRED  te At Not White At Work  ne deceased from 1 1-15-65  ) (We) (did) (did nat)	21F. HOW DID IN  22F. HOW DID IN  2-27-64  19 and to the bady after death.  ending Med. Director 123D. ADDRESS  1514 Division	ljury occur?  19ta_l  hat In(my) (aur) ap  Stoff Phys. X  On Street,	15-65 19 19 19 19 19 19 19 19 19 19 19 19 19
21A. ACCIDENT VOR CONTRIBUTIND PATH (notify med) 21D. TIME OF INJURY (APPROX.)  22. 1 certify that that (I) (we) last and haur and from the contribution of the contri	idical examiner)  Anothin (Doy) (Year)  In (I) (this hospital st saw the decease am the causes startle (Doy) (Year)  On P. Laza TION, 24B. DATE	(Hour) 21E, Whit Word above. (I	injury Occurred  te At Not White At Work  ne deceased from 1 1-15-65  ) (We) (did) (did not) white At Work  M.D. Attribute At M.D. Attribute At M.D. Attribute At M.D. Attribute At M.D. Attribute A	iffice bidg. INJURY OCCUR?  21F. HOW DID IN  2-27-64  19 and to view the bady after death.  ending Med. Director 123D. ADDRESS  1514 Division 24D.	Stoff Phys. Z	inlan death accurred an the da    238 DATE SIGNED   1-15-65    Baltimore, Md.
21A. ACCIDENT YOUNG CONTRIBUTIND PATH (notify med) 21D. TIME OF INJURY (APPROX.)  22. I certify that that (I) (we) last and haur and from the control of the	and the causes startlen, 248. DATE	(Hour) 21E, Whi word alive an ited abave. (I	INJURY OCCURRED  the At Not White At Work  the deceased fram 1 1-15-65  ) (We) (did) (did nat)  M.D.  AME of CEMETERY of CR	iffice bidg. INJURY OCCUR?  21F. HOW DID IN  2-27-64  219 and to view the bady after death.  23D. ADDRESS  1514 Division  EMATORY  24D.	Stoff E COATION (C	238. DATE SIGNED 1-15-65  Baltimore, Md.
21A. ACCIDENT YOUR CONTRIBUTIND OR CONTRIBUTIND DEATH (notify med) 21D. TIME OF INJURY (APPROX.)  22. I certify that that (I) (we) last and haur and from the contribution of the contribu	and the causes startlen, 248. DATE	(Hour) 21E, Whit Word above. (I	INJURY OCCURRED  the At Not White At Work  the deceased fram 1 1-15-65  ) (We) (did) (did nat)  M.D.  AME of CEMETERY of CR	iffice bidg. INJURY OCCUR?  21F. HOW DID IN  22F. HOW DID IN  22F. HOW DID IN  22F. HOW DID IN  23F. HOW DID IN  24F. HOW DID IN  24F. HOW DID IN  24F. HOW DID IN  24F. HOW DID IN  22F. FUNERAL DIRECTO	Stoff Phys. X  On Street,  LOCATION  OR	inlan death accurred an the da    238 DATE SIGNED   1-15-65    Baltimore, Md.



BALTIMORE CITY HEALTH DEPARTMENT Registered Na. RTIFICATE OF DEATH of death Deceased Such and M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) LO 65 hospital 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COLINTY death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance B. COUNTY irect or contributing cause (4) Undetermined cause; (5) land (If not in haspital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) (If autside city limits, write RURAL and give township) attend 0 0 Hospita 드 prior (If rural, give lacation) contributing disposition is made. regular 5. SEX (f Under 1 Yr. Months: Days If Under 24 Hrs. 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9, AGE (In years deceased Hours WIDOWED, DIVORCED (specify) last birthday) Marriad IDA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? = death done during most of working life, even il retired) Driver Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the assistant if death no kind; 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give war or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS fina SECURITY NO attendance SAME AS 0 220-07-4463 fracture of any CAUSE OF DEATH 1B. pronounced 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed Hours LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, regular injury or complication which coused death.) who ANTECEDENT CAUSES DUE TO are 4 DISEASES OR CONDITIONS, if ony, giving <u>e</u> rise to the obove couse (A) stoling the = physician UNDERLYING CONDITION lost. remains the chief medical Was burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the (2) Body 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION the 0 IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED ore 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, larm, factory, street, office bldg., INJURY OCCUR? (If in Baltimare City, give exact lacotion) (except where the body was released to the hospital shows: (1) An accident of any nature; (3 °Z DEATH (notily medical examiner) etc.) approved by MEDIC obtained (Haur) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 (Manth) (Day) (Year) OF INJURY Not While While At (APPROX.) and Work At Work Jan 16 12:35 AM Jan 16 12,15 1965 22. I certify that (1) (this haspital) attended the deceased fram..... that (1) (we) last saw the deceased alive an 12:35 AM 19 65 Jan 16 pe and that in (my) (aur) apinian death accurred an the date hospital death) ond haur and from the causes stated abave. (1) (We) (did) (did nat) view the body after death. must 23A. SIGNATURE 23 B. DATE SIGNED Dayid W, M.D. Attending Phys. Med. Director Staff Phys. 6 0 approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior ā NAME (Type) LANIVEVSI I no mi David M.D. was D.O.A. 24A. BURIAL CREMATION. eceased 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (State) REMOVAL (Specify) written 10 OCI 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL/ DIRECTOR ADDRESS T VS 150-REV, 1/1/65



the chief medical examiner

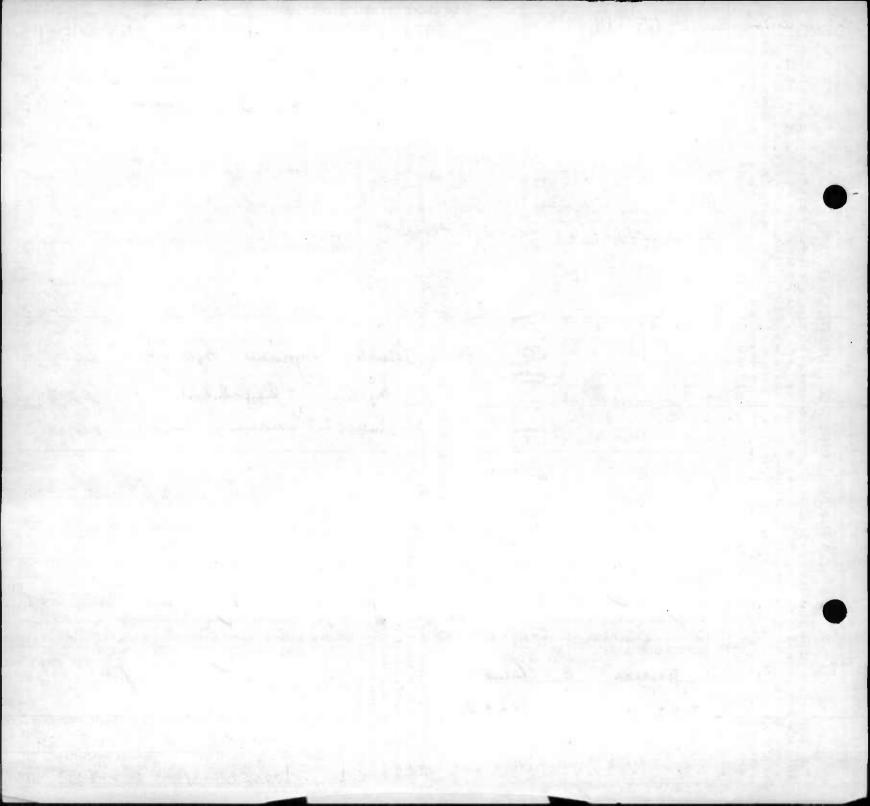
approved by

hospital

death

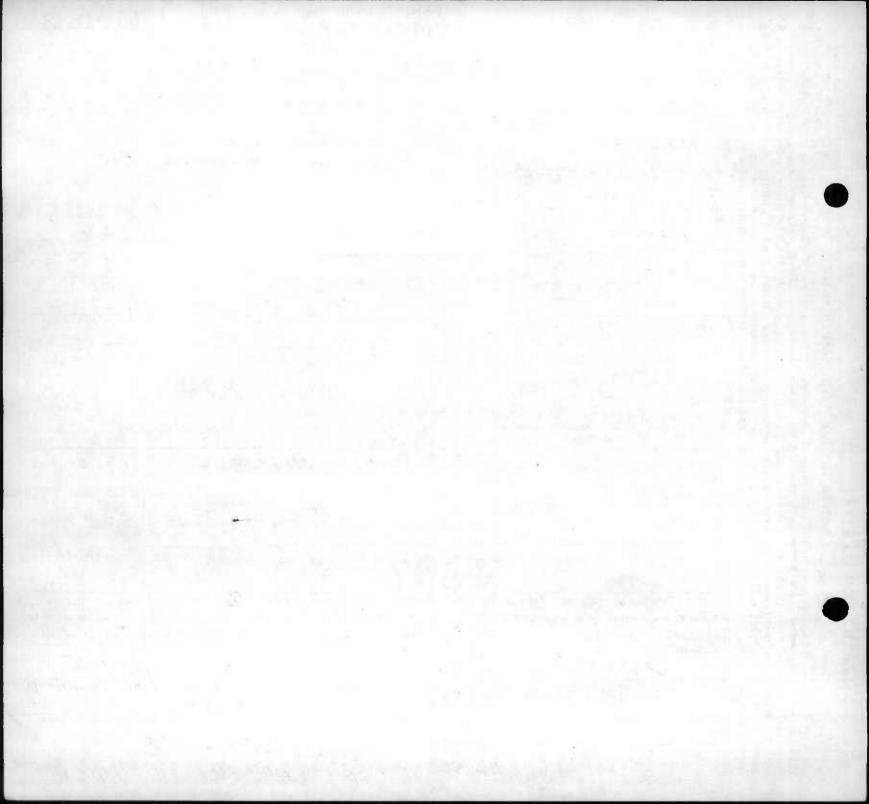
BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH the t or contributing cause of death Undetermined cause; (5) Deceased Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) no RIERS RNEST 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A, STATE
B, COUNTY ance OF CALTIMORE
(If outside city limits, write RURAL and give township) FULL NAME OF (If not in hospital or institution, give street oddress or location) HOSPITAL OR attend INSTITUTION prior HARLES regular mad S. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH II Under 1 Yr. If Under 24 Hrs. Hours : Min, eceased Hours Months Doys WIDOWED, DIVORCED (specify) lost birthday) MALE WHITE MARRIED 1-1-85

10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 5 12. CITIZEN OF disposition WHAT COUNTRY? 2 done during most of working life, even if retired) ŏ MARYLAND MOS 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME the 4 RNEST death E O kind; 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL ADDRESS final (Yes, no or unknown)(If yes, give wor or dotes of service) SECURITY NO attendance -6510 2-05 any 18. CAUSE OF DEATH INTERVAL BETWEEN pronounced 0 0 DISEASE OR CONDITION DIRECTLY ot LEADING TO DEATH (This does not mean the made of dying, e.g., embal heart failure, asthenia, etc. It means the disease, ar injury or complication which caused death.) an ANTECEDENT CAUSES who re are 4 DISEASES OR CONDITIONS, if ony, 3 rise to the abave cause (A) stating the physician UNDERLYING CONDITION last. remains Was burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the Body 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION Q WAS PERFORMED before to the hospital by 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in at about 21 C. WHERE DID home, form, lactory, street, office bldg., INJURY OCCUR? 3 (If in Boltimore City, give exact location) where å MEDICAL DEATH (notify medical examiner etc.) any nature; obtained (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 Not While OF INJURY (except While At (APPROX.) Work and 22. I certify that AY (this hospital) attended the deceased from. that (W (we) lost sow the deceased olive an ... 7. ond that in (pd) (our) opinion death accurred an the date o death) hospita the body was released must and haur and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death. An accident 23A. SIGNATURE 23B DATE SIGNED Attending Stoff M.D. Med. 9 Phys. Director L Phys. approval marda O 23C. PHYSICIAN'S 23D. ADDRESS prior to NAME (Type) M.D. PALAD ZENAIDA D.O.A. 24A. BURIAL CREMATION, 24C, NAME of CEMETERY OF CREMATORY deceased (City, town, or county) (Stote) REMOVAL (Specify) written shows: WOS 2SA, DATE REC'D BY NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65



		BALTIMORE CITY	HEALTH DEPARTMENT		CE 0040
	1 NO. 65 0642	CERTIFICA	TE OF DEATH	Registered No	65 0642
1. N. (Typ	or Print) FREDA	WESTERMAN	2. DATE A	1/16/65	5.50 P.M.
	ACE OF DEATH IN BALTIMORE, MARYL		4. USUAL RESIDENCE (Wh. A. STATE B. COU		stitution; residence before odmission)
H	OSPITAL OR oddress or location) ISTITUTION LEVINDALE HI	EBREW HOME &		utside city limits, write R	URAL and give township)
	INFIRMARY			BELUE dere	= AUE
7	MALE WHITE	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10) during most of working life, even if retired)	B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
3. 1	ATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
10.1	ELIA		GITTLE		
15. V (Yes,	/os Deceosed Ever in U. S. Armed Forces no or unknown) (If yes, give wor or dotes o	? 16. SOCIAL SECURITY NO.	17. INFORMANT HOSPT IS	E CORDS	ADDRESS
	B. 420,0 - 260	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIREC	TLY	EDNAL- HOPAL	EUMONID	NOT VALDININ
	(This does not mean the made of dy	ring, e.g., DUE TO	2/\O/1C()O1/V]	20110101	200000000000000000000000000000000000000
	heoit failuie, asthenio, etc. It means the injury or complication which coused de	e disease,	PINCOLEPATIO	HEART DISTA	NOT KNOWN
	ANTECEDENT CAUSES	501.10	(10 OCZINO) IC	ILIKI YIJCH	)C /10: /\/
	DISEASES OR CONDITIONS, if ony rise to the above couse (A) sta				
	UNDERLYING CONDITION lost.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	NTRIBUTING DIABLE	ETES MEL	LITUS	NOT KNOWN
		TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
0	21 A. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact locotion)
0	21 D. TIME (Month) (Doy) (Yeor) (I DF INJURY (APPROX.)	Hour) 21E. INJURY OCCURRED  While At Not While  Work At Work	21F. HOW DID IN	JURY OCCUR?	
	22. I certify that $\langle p \rangle$ (this haspital) a	attended the deceased from		19 (10 to	116 1965
	and hour and from the couses stated				non death occurred on the date
	3A. SIGNATURE	2	Tow the body oner doom		23B. DATE SIGNED
	george 12	nou, h. J. M.D. Atte	nding Med. Director	Stoff Phys.	1/16/65
	NAME (Type) DR. GEORG	E BERCU M.D.	BALTIM	ALE HEBRE	W HOMEX INFIRMAN
-	BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE		LOCATION (Cit	y, town, or county) (State)
	DATE REC'D BY HEALTH DEPLATE 25	B. NAME OF REGISTRAR IN	25C. FUNERAL DIRECTO	RLTO.	ADDRESS
	JAN 19 1965 ()	what E. tarbey M.A	SYLVAN S. LEW	PS Y SON 3	319 OLYMPIA AGE
	4				

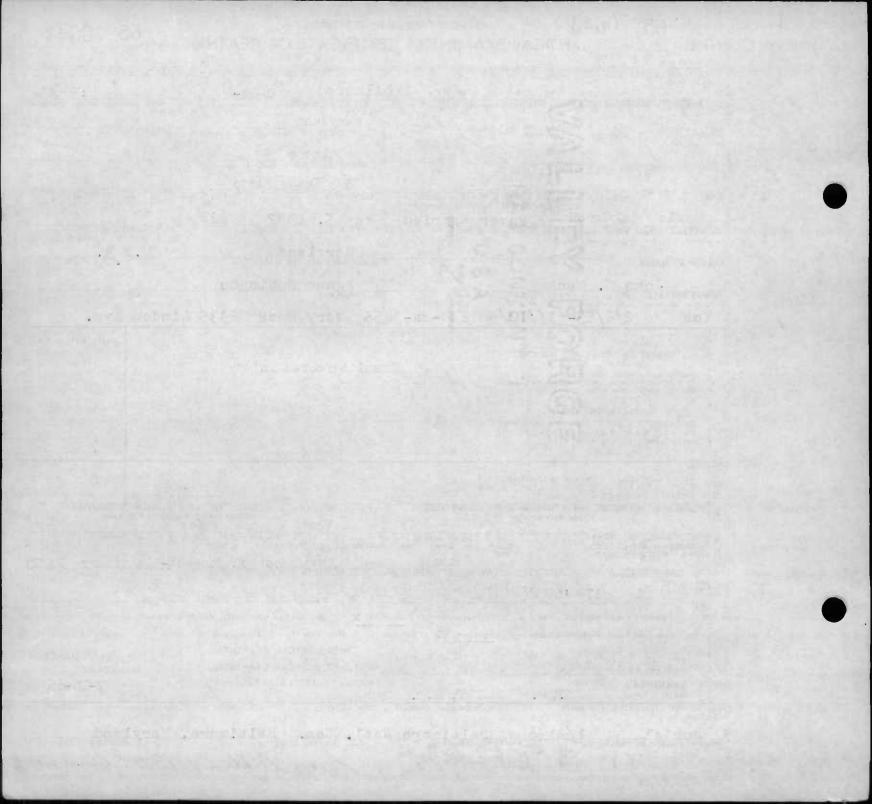
V\$ 150-REV. 1/1/65



BALTIMORE	CITY	HEALTH	DEPA	RTMEN	11

BALTIMORE CITY HEALTH DEPARTMENT	CF	0
VALUEDIC CENTIEICATE OF DEATILE		0

65 0643 BALTIMORE CITY HEAL			65 0643		
BIRTH NO. MEDICAL EXAMINER'S CI	ERTIFICATE OF D	EATH Registere	d No.		
M.E. CASE NO. 5 9 5 9 9	10.000		Drab		
1. NAME OF DECEASED	47 \	HOUR PRONOUNCED	DEAD		
NORRIS MACK (FI) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where de	8-65 ceosed lived. If institu	tion: residence before odmission)		
	A. STATE Maryland	B. COUN	TY		
FULL NAME OF   (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET   HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside	corporate limits, write F	(URAL and give township)		
	Baltimore		1000		
UNIVERSITY HOSPITAL	D. STREET ADDRESS (If rurol, g				
T MARRIED NEVER MARRIED	2335 Eutaw Place				
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
Male Colored Never Married  TOA. USUAL OCCUPATION (GIVE kind of work TOB. KIND OF BUSINESS OR INDUSTRY	May 5, 1932	32	12. CITIZEN OF		
done during most of working life, even if retired)		country)	WHAT COUNTRY?		
13. FATHER'S NAME	Maryland 14. MOTHER'S MAIDEN NAME		U.S.A.		
Talam Manala	Amman Dahim				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	Agnes Robin	son	ADDRESS		
Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 2/2/53-1//12/56 220-24-34	55 Mary Mack	2335 T.in	den Ave.		
118.	OF DEATH	באווו לכלב	INTERVAL BETWEEN		
F70010 1			ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	raniocerebral inju	rv			
heart foilure, asthenia, etc. It means the disease,	Carried St.	·			
injury or complication which caused death.)					
ANTECENDENT CAUSES (B)					
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE					
UNDERLYING CONDITION LAST.			***************************************		
O II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	TOO A ALITOROVA (V N - ) lov	AB 10 VEC WERE CINE	DINICE CONCIDENCE		
WAS PERFORMED	Yes or No. 20	CERTIFYING CAUSE			
₹ 21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., home, form, foctory, steet, o	n or obout 21C. WHERE DID (If		exoct location) /		
UTING CAUSE OF DEATH.		01	7 7 7		
HOUSE  21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	1308 Stockt	on Street -	Baltimore 21217		
(APPROX.) 7 17 165 3:50 WHILE AT NOT	WHILE				
22.			•		
		bosis, deoth in my	opinion		
resulted from: Notural couses Accident X Suicide		determined monner			
ACTUAL ALO KLOOD A	CHIEF MEDICAL EXA		DATE SIGNED		
SIGNATURE M.D.	ASSISTANT MEDICAL EXA				
EXAMINER'S NAME (Type) PETER W. RIECKERT, M.D.	ASSOCIATE MEDICAL EXA	MINER	1-18-65		
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of REMOVAL (Specify)	CREMATORY 23D. LO	CATION (City, 1	own, or county) (State)		
Burial 1/21/65 Baltimore N	A Cem. Bal	timore, M	aryland ADDRESS		
N 756.2 JAN 19 1965 Robert E. Jaken M. A	Storge H.	Kelan 1348	37. Calhoun St.		
VS 151-REV. 1/1/65					



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rect or contributing cause of death (4) Undetermined cause; (5) Deceased

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VS 150-REV. 1/1/65

the body was released shows: (1) An accident

burns;

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fracture of

BALTIMORE CITY HEALTH DEPARTMENT Registered No. . CERTIFICATE OF DEATH BIRTH NO. Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) John USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLA eat B. COUNTY A. STATE C. CITY OR TOWN (III) (If not in hospital or institution, give street FULL NAME OF ō HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) 0 Baltimore prior D. STREET ADDRESS (If rurol, give location) UNION Memorial HOSPITAL PADDINGTON Koad disposition is made 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX deceased WIDOWED, DIVORCED (specify) lost birthdoy) white 2-10-93 Married 10A, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foseign country) LONG GREEN. done during mast of working life, even if retired) SCHOEN\_ RUSSELL, INC PRESIDENT MARYLAND the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME T. EMMA McComas TRANK no 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL or final (Yes, no or unknown)(If yes, give wor or dates of service) SECURITY NO. attendance 212-03-3215 Memorial UNION DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl foilure, asthenia, etc. Il means the disease, regular injury or complication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the the remains UNDERLYING CONDITION lost. Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 198, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF °N DEATH (notify medical examiner) MEDIC obtained (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 Not While OF INJURY (except While At (APPROX.) At Work and Work 19 65 to 22. I certify that ( (this hospital) attended the deceased from 1-12 19 65 and that in (my) (our) opinion death occurred an the date that (2) (we) lost sow the deceased alive an ... death) and hour and from the couses stated above. (4) (We) (dld) (dident) view the body after death. must 23A. SIGNATURE Attending [ Med. 0 approval 23C.PHYSICIAN'S 23D. ADDRESS prior NAME (Type) Union Memorial HospitAL DR. LAWRENCE M.D. **IEBERMAN** 24A, BURIAL CREMATION, 24B, DATE eceased 24D. LOCATION (City, town, or county) REMOVAL (Specify) /20/1965 Fork Methodist Burial Balto.Co. Cem. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. H.W. Jenkins & Sons Co.

If Under 1 Yr. If Und

WHAT COUNTRY?

USA

ADDRESS

23 B. DATE SIGNED

1-17-65

(Stote)

Md.

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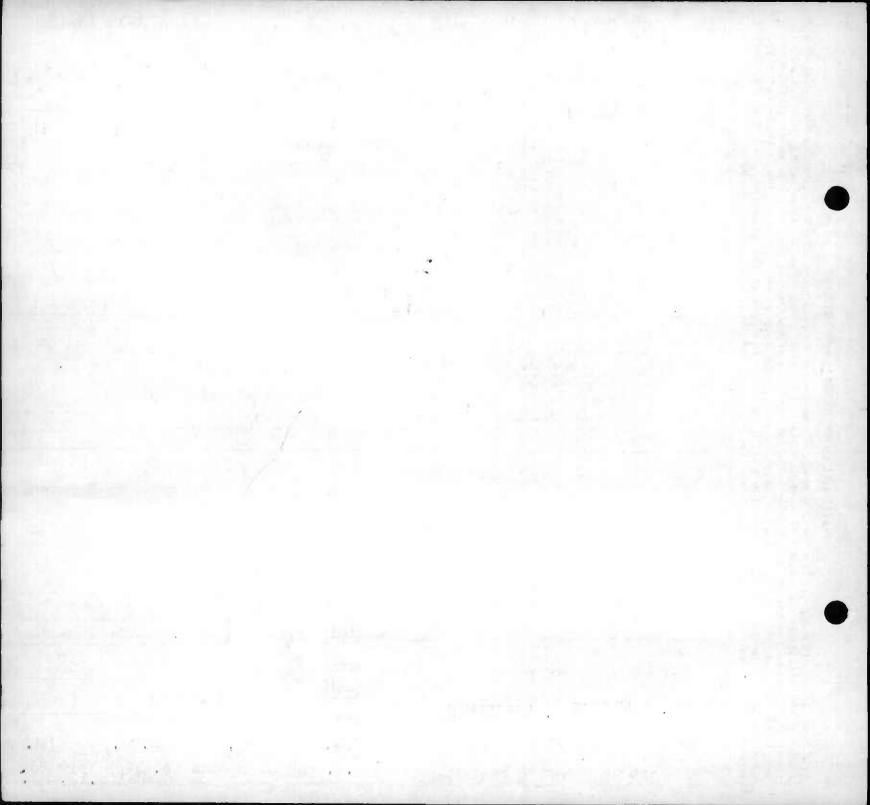
INTERVAL BETWEEN

ONSET AND DEATH

12. CITIZEN OF

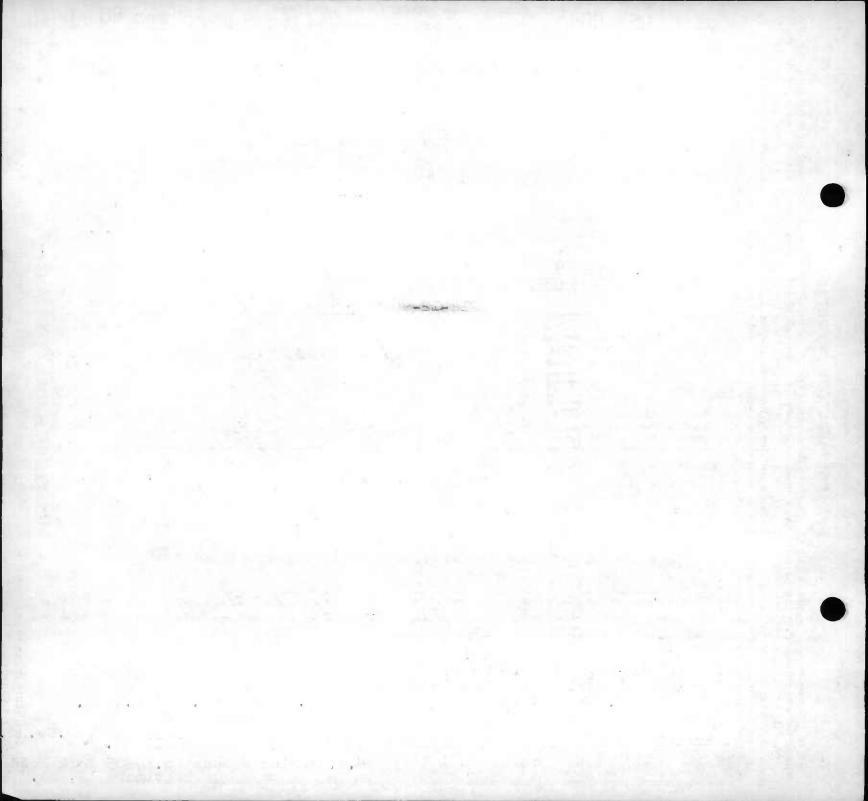
Months!

If Under 24 Hrs.

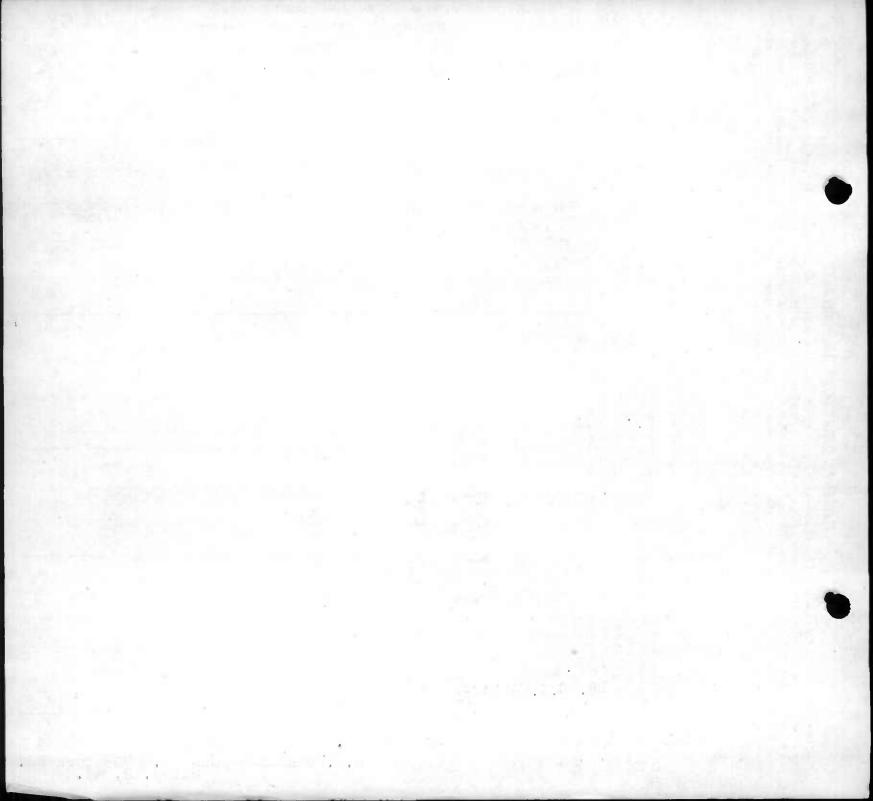


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Baltimore

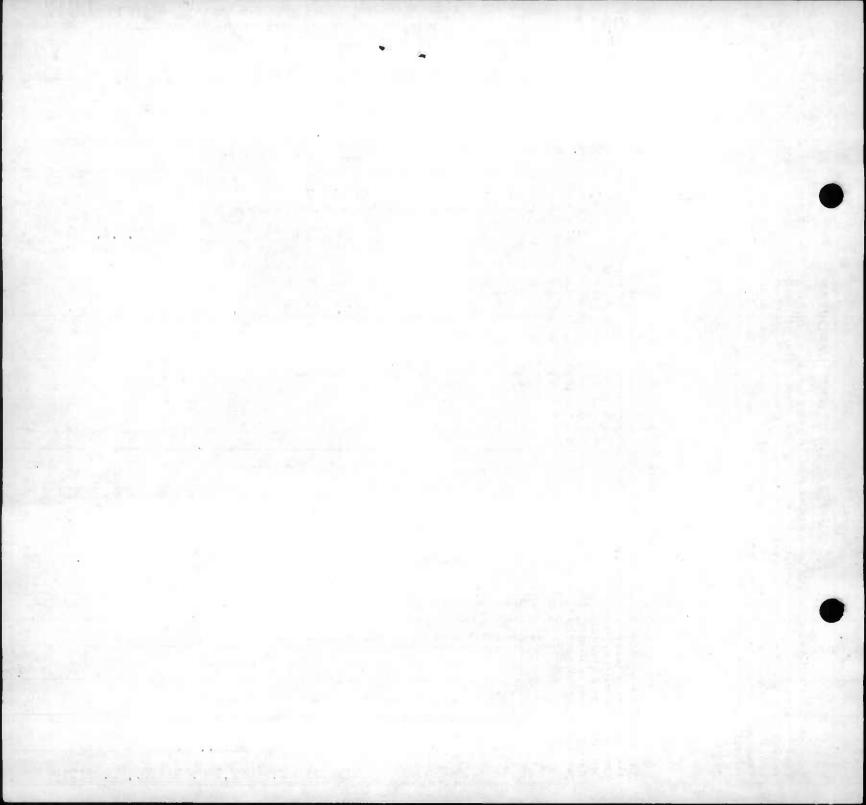


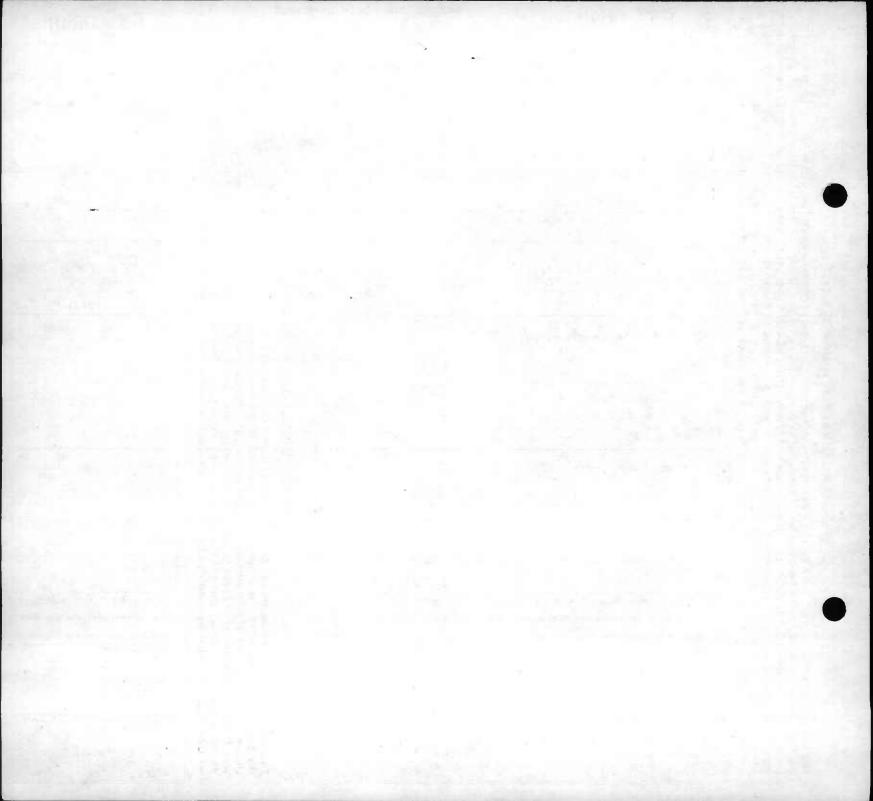
CENTIFICATE OF DEATH Registered No. 65 0646
CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print) Furlong, Peter Joseph 1/18/1965 11:55 AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived. If institution: lesidence before admission)  A. STATE  B. COUNTY
FULL NAME OF (If not in hospital or institution, give street)  MUSTON TAIL OR A CONTRACT OF THE PROPERTY OF TH
HOSPITAL OR oddress or location) INSTITUTION  C. CITY OR TOWN (If outside city limits, write RURAL and give township)
Mum Minnel Argh Salting
Manylander Hyt.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (specify) 8. DATE OF BIRTH lost birthdoy) Months: Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)  12, CITIZEN OF WHAT COUNTRY?
getind ENGINEERING Md.
13. FATHER'S NAME. Furlone 14. MOTHER'S MAIDEN NAME Murphy
15/Wos Deceased Ever in U. S. Armed Forces?  (Ves.no or unknown) (If yes, give wor or dates of service)   16/SOCIAL   17. INFORMANT   ADDRESS   16/SOCIAL   17. INFORMANT   18. INFORMANT   18
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY, NO. 1550 (SAME)
18. 4 INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH  ASCVI)
(This does not mean the mode of dying, e.g., DUE TO
heort foilure, asthenio, etc. It means the disease, injury ar camplication which caused death.)
ANTECEDENT CAUSES  (B)  DUE TO
DISEASES OR CONDITIONS, if ony, giving
UNDERLYING CONDITION lost.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, Where DID (If in Boltimore City, give exect locotion)
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED IN CERTIFIED CAUSES OF DEATH:
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)  21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location)  Above, form, foctory, street, office bldg., this process of the pro
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While
(APPROX.) While At Work At Work
22. I certify that (I) (this hospital) attended the deceased from 1963 to 1964
that (1) (ve) tast sow the deceased alive on 19 ond that in (my) (our) apinion death occurred on the date
ond hour and from the couses stoted obove. (1) Wex (did) (did not) view the body after death.
23A. SIGNATURE 23B. DATE SIGNED
M.D. Attending Med. Stoff Director Phys. D 1/8/61
23C. PHYSICIAN'S DR. C.B. WALLACE
Dong CAS A. STUNG. M.D. of Unum Mumorial Comp.  24A. BURIAL CREMATION, [24B. DATE [24C NAME of CEMETERY of CREMATORY [24D. LOCATION (City, town, or county)] (Stote)
REMOVAL (Specify)
Burial 1/21/1965 New Cathedral Com. Baltimore, Maryland
Burial 1/21/1965 New Cathedral Com. Baltimore, Maryland  25A. DATE REC'D BY HEALTH DEPT.  JAN 19 1965 Registrar  JAN 19 1965 Registrar  H.W. Jenkins & Sons Co. 1905 York Rd  Balto 12, Md.



JAN VS 150-REV. 1/1/65

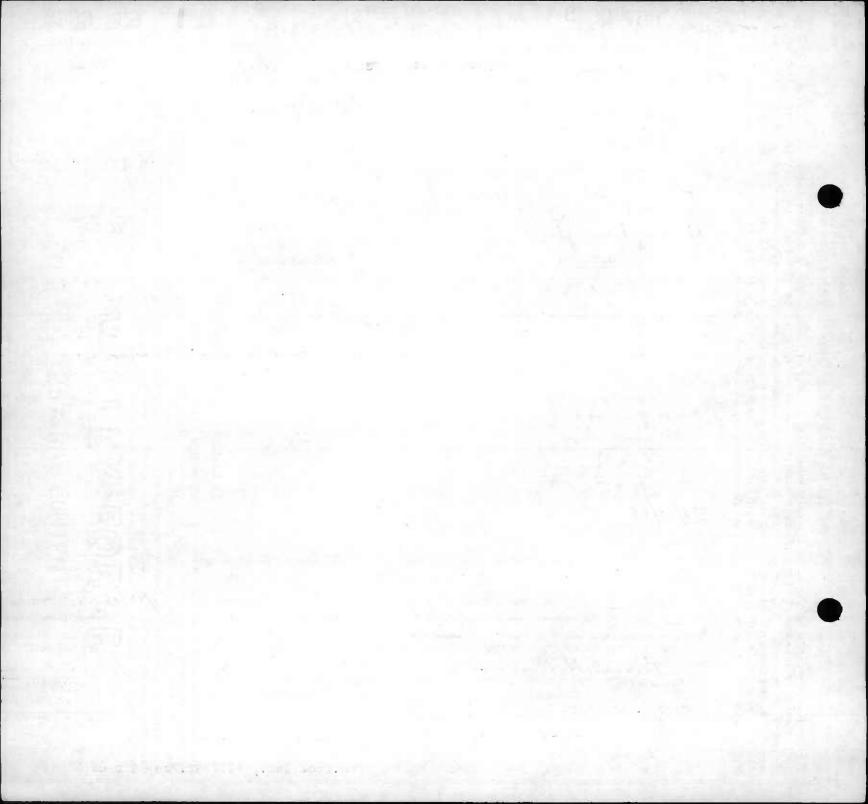
		BALTIMORE CIT	Y HEALTH DEPARTMENT		65 0647
BIRTH NO. 65 0647	1	CERTIFICA	ATE OF DEATH	Registered Na.	00 001
Type or Print	NNA 1	ROBEL	2. DATE A	ND HOUR OF DEATH	1 11:159
PLACE OF DEATH IN BALTIM	ORE MARYLAND		4. USUAL RESIDENCE (Wh		stitution; residence before admiss
FULL NAME OF (If not in	hospital or instituti	an our shoot	MD		7-7-05
	ar lacation)	on, give sweet		utside city limits, write	RURAL and give township)
	2010		BALTO.		
PARK HILL CONV	I. HOME			f rurol, give location)	05 00
			7702 WILSON A	AVENUE	
SEX 6. RACE White	wido Si	IED, NEVER MARRIED WED, DIVORCED (specify) ngle	5/7/1887	9. AGE (In years last birthday)	If Under 1 Yr. II Under 24 Months Doys Hours Mir
OA, USUAL OCCUPATION (Give k		OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State of for	eign country)	12. CITIZEN OF WHAT COUNTRY?
dane during most of warking life, even	ii refired)		MARYLAND		U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME	U.D.A.
IIII I TARA DARA					
WILLIAM ROBEL 5. Was Deceased Ever in U. S. A	Nine of Farmers	1 6. SOCIAL	MARGARET		4000000
Yes, no or unknawn) (II yes, give w	ar or dates of servi	SECURITY NO.	17. INFORMANT		ADDRESS
	. 61		MRS. GEORGE W	ILT, 8714 Ma	ravoss Lane
1B. 4 / X	260X	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDI		1/	/	0110	ONSET AND DEATH
LEADING TO		(A) Ay	pedlugine of l	est Hel.	years
(This does not meon the heart foilure, osthenio, etc.			Curel.	est fel.	
injuly of complication which	n coused death.)			w, c,	
ANTECEDENT	CAUSES	(B)	********************************		
DISEASES OR CONDITIO					
underlying condition		(C)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
81					
O OTHER SIGNIFICANT COND TO THE DEATH BUT N DISEASE OR CONDITION C	OT RELATED TO	TING THE Deabe	tes mellite	4 unila (	year,
19A. DATE OF OPERATION	19B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	O 208 IF YES WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUS DEATH (notify medical examin	E OF	21B PLACE OF INJURY (e.g., hame, lorm, lactory, street, etc.)	in at about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore	e City, give exoct location)
21 D. TIME (Month) (Doy	) (Year) (Haur)	21E INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
OF INJURY		While At Not Wh	ile		
		Work At Work	k 🗀		
22. I certify that (I) (this		11	1/27	1963 to	12 1963
that (1) (we) lost saw the					nion death occurred an the
and haur and from the cau	ses stated above	. (1) (We) (did) (did not)	view the bady after death.		
23A. SIGNATURE	200	1.			23 B. DATE SIGNED
Laun	Durin,	, Un ILO M.D. AT	tending Med. Director	Stafl Phys.	1/17/65
23C. PHYSICIAN'S NAME (Type)	is V. Bi	(i) MA M.D	23D. ADDRESS 3502	W. Rose	is ave h
	DATE 240	NAME OF CEMETERY OF C	REMATORY 24D.	LOCATION (C	ly, tawn, ar county) (Stot
REMOVAL (Specify)			240.		77 411, 01 00011171 (3101
BURIAL 1/			EMETERY	BALTO MD.	
SA, DATE REC'D BY HEALTH D	EPT. 25B. NAA	AE OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
JAN 19 19	100 (Il Deel	TE. Jaken M.A	LEONARD J.	RUCK, INC. BA	LTO., MD. 21214





This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

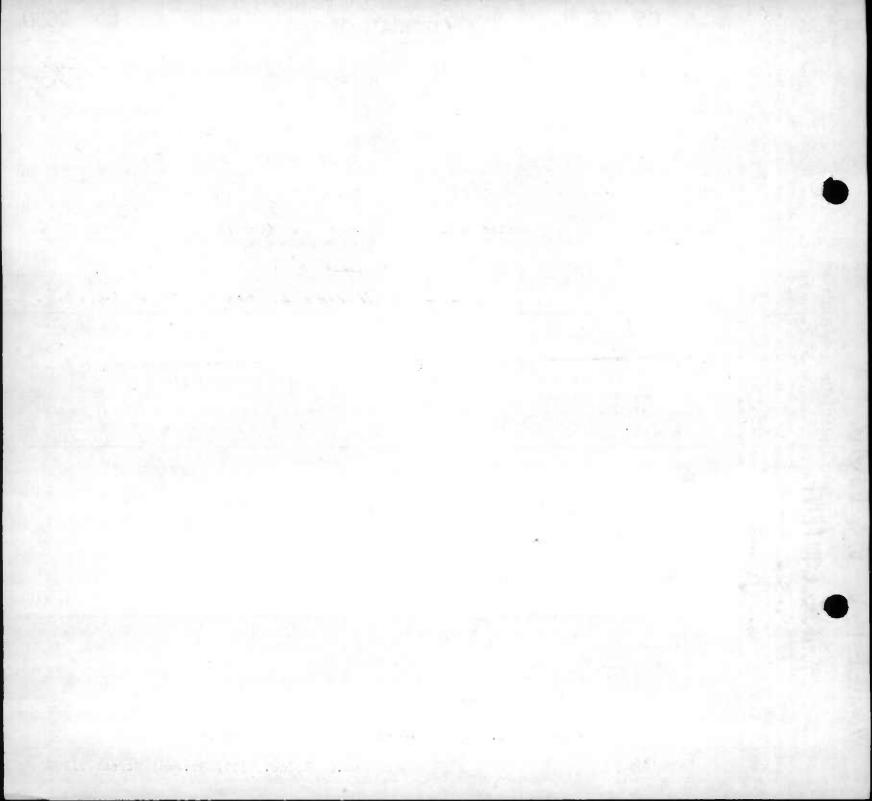
BIRT		- 1 Eb - / E		DALI IMONE CI	TY HEALTH DEPARTMENT		00 00 40
	H NO.	5 0649		CERTIFIC	ATE OF DEATH	Registered No.	65 0649
M.E. 1. N. (Typ:	LASE NO.  AME OF DEC  OF Print)  LACE OF DEA  ULL NAME O  IOSPITAL OR  NSTITUTION	Jilleans ATH IN BALTIMORE, MA  (If not in hospitol oddress or locotio	or institution, g	ive street	Germack  4. USUAL RESIDENCE (AV) A. STATE  Magland C. CITY OFTOWN (IF C	and Hour OF DEATH  By Some of the second lived. If in INTY  outside city limits, write	RURAL and give lownship)  The Warsing Navsing
.63	F-	JPATION (Give kind of work	Wi	dowed	8/16/84 RY 11. BIRTHPUA CE (State or fo	80	12. CITIZEN OF
done		working life, even if retired)			-MARYLA  14. MOTHERS MAIDEN N.  unknown -	AND	WHAT COUNTRY?
		Ever in U. S. Armed Fo. (If yes, give wor or dote		16. SOCIAL SECURITY NO.	17. INFORMANT Cen Ture	2 Navsing	HOME ADDRESS
	heart failure,	of meon the mode of osthenio, etc. II meons		DUE TO		//	
NO	DISEASES OF THE PROPERTY OF TH	ANTECEDENT CAUSES OR CONDITIONS, if a obove couse (A) OR CONDITION lost, OR CONDITION IN ITEM (A)	deoth.) ony, giving stoling the				
TIFICATION	DISEASES OF THE SIGNITOR OF THE DISEASES OF TH	ANTECEDENT CAUSES OR CONDITIONS, if o obove couse (A) of CONDITION lost.  I FICANT CONDITIONS CEATH BUT NOT RELA CONDITION CAUSING	ony, giving stoling the CONTRIBUTING ATED TO THE IT.	(C)	20 A. AUTOPSY? (Yes or 1	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
AL CERTIFIC	DISEASES OF THE DISEASE OF CONTRIBLE	ANTECEDENT CAUSES OR CONDITIONS, if a obove couse (A) OF CONDITION CONDITIONS (B) FICANT CONDITIONS (C) EATH BUT NOT RELACED CONDITION CAUSING	ony, giving stoling the CONTRIBUTING ATED TO THE IT.	(C)	20 A. AUTOPSY? (Yes or I	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?  e City, give exact location)
AEDICAL CERTIFIC	DISEASES OF THE DISEASE OF CONTRIBLE	ANTECEDENT CAUSES OR CONDITIONS, if a obove couse (A) OF CONDITION IOSI.  FICANT CONDITIONS CEATH BUT NOT RELACED CONDITION CAUSING OPERATION 198. CON WAS PER	ony, giving stoling the CONTRIBUTING ATED TO THE IT.  NOTION FOR WATER AND THE CONTRIBUTION F	CO	office bldg., INJURY OCCUR?	IN CERTIFYING CA	USES OF DEATH?
MEDICAL CERTIFIC	DISEASES OF THE DISEASE OR OTHER SIGNITO THE DISEASE OR 19 A. DATE OF OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour one 23A. SIGNATU 23C. PHYSICIA NAME (T) Bruce I	ANTECEDENT CAUSES OR CONDITIONS, if o obove couse (A) of CONDITION lost.  FICANT CONDITION SOLUTION CAUSING OPERATION 19B. CONDITION (Mass Per medicol exomines)  (Month) (Doy) (Yeor)  that (1) (this hospital lost sow the deceased from the causes stolute 19b. Condition 19b. Co	ony, giving stoling the CONTRIBUTING ATED TO THE IT.  HOLTON FOR WATER AND THE CONTRIBUTION F	PLACE OF INJURY (e.g., form, foctory, street, form)  Not Wat Wat Wat Wat Wat Wat Wat Wat Wat Wa	win or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID IN ond to the body offer death  Attending Med. Director D. 23D. ADDRESS D.	IN CERTIFYING CA  (If in Boltimon  NJURY OCCUR?  19 to thot in (my) (our) opi  1. Stoff Phys.	USES OF DEATH?



## FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	0.5	- (	070		BALTIMORE CIT	Y HEALTH DEPARTM	ENT	CE	0050
	H NO.	) (	)650		CERTIFICA	ATE OF DEA			<u>U65U</u>
	AME OF DECE	ASED	2 011		2/	2. D	ATE AND HOUR OF DEATH	1	
	TA	RICK	HLbe	RIAND	BAKER	U. HEHAL DESIDENC	ANUARY 17 /	165 2:	52 A M.
3. P	LACE OF DEAT	H IN BA	LIMOKE, MAI	ILAND		A. STATE B	CE (Where deceased lived. If	institution; residence b	erore oamissioni
	ULL NAME OF		not in hospital a		give street	MARY LAND		13	UO
	NSTITUTION	odd	ress or location	1 11	.n.tal	C. CITY OR TOWN	(If outside city limits, write	RURAL and give tow	nship)
	UNION	v m	EMORIA	1 110.	3 provin	BALTIMOR	2 72		
	outt.		/	/		D. STREET ADDRESS	(If rurol, give location)	Duran	
S. S	DHIIM	PACE	MARYla		NEVER MARRIED	8, DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , I	f Under 24 Hrs.
	MALE	CAUC	ASIAN		D, DIVORCED (specify)	7/29/08	lost birthdoy	Months Doys H	ours Min.
		( , , ,			BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF	<u> </u>
	during most of w		even if retired)	Coote	a Most Co	1	(Cumberland)	WHAT COUN	TRY?
	m proces			Goetz	e Meat Co	MARY AND	(Cumberland)	United	SIAIRS
13.	FAIHER'S NAM		,			14. MOTHER'S MAID	EN NAME		
	Juseph	BA	KER		/	ARGARET SMI	Th		
	Was Deceased				1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	1.
	KNOWD				219-01-0946H	DOROTHY	L. BAKER 3	524 BUEN.	4 VASTA AV
(, 4, 0	18.		1		CAUSE	OF DEATH			BETWEEN
	DISEASE	OR CO	NDITION DIR	ECTLY	/	,	0 6. 0.11	ONSET A	ND DEATH
			TO DEATH		(A) La	rumme	of the left in	and seem	vinches
	(This does no heart failure, a				DUE TO	to love in ho	bott ling 2	Para It de	Land
	injury or comp				C/me	108 to sel	1 2 1 1 1	Jeguar &	2000
	A	NTECEDI	ENT CAUSES		(B)	The man	sale ag/	an ago no	7m
	DISEASES OF	COND	ITIONS, if	ny, giving		znilat eral	presulest of	rachevern	erils
	rise to the			stating the	(C)	+ lame	aspelsentina	Qs	1111
	ONDEREING	CONDI	AL IUSI,		Ca	ndionega	ale aft v	ennauv	ditertally
z	OTHER SIGNIE	CANT	ONDITIONS C	ONTRIBILITIN	6 trus	ores pelos	Lehaladhe	ordero.	
TIO	TO THE DE	ATH BU	T NOT RELA	TED TO TH	IE Hen	enablyld	artinust	loses,	
ERTIFICATION	19A. DATE OF		N 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Ye	es or No. 208. IF YES, WERE	FINDINGS CONSIDE	RED
RTIF	31-6-6	5	WAS PERF		Biopsy -	VES	IN CERTIFYING C	AUSES OF DEATH?	
CE	21A. ACCIDEN	T WAS U	NDERLYING	218	PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE	DID (If in Boltimo	ore City, give exact la	cotion)
CAL	DEATH (notify			hon etc.	ne, form, foctory, street,	office bldg., INJURY OC	CUR?		
EDIC	21 D. TIME	(Month)	(Doy) (Year)	(Hour) 21E	. INJURY OCCURRED	21 F. HOW I	DID INJURY OCCUR?		
ME	OF INJURY				ile At Not Wh	ile 🖂			
				Wo					
					he deceased from	and the same of th	1964 to In	/	19 65.
	that (1) (we) I	ost sow	the decease	d olive on	JANUARY 16	19.65	ond that in (my) (our) of	olnion deoth occurr	ed on the date
	ond hour ond	from the	couses stot	ed obove. (	(We) (did) (dld not)	view the body ofter	deoth.		
	23A. SIGNATUR	E	- 11		0 in			238. DATE SIGNED	
	David	Mor	utt VI	vac M.	eller M.D. At	tending Med. ys. Directo	or Stoff Phys.	1/17/6	5
	23 C. PHYSICIAN	rs				23D. ADDRESS			
	NAME (Ty	per			M.D				
244	BURIAL CREM	ATION,	248. DATE	24C, N.	AME of CEMETERY or CI	REMATORY	24D. LOCATION (	City, town, or county)	(Stotel
	REMOVAL (Sp	ecify)	1-20-6		Mary's Hampde		Baltimore	.,	
25.4	BURIAL							A P = 0	ece.
ZJA	. DATE REC'D	N 1 C	1965 (1	A A	OF REGISTRAR	Wm. C. ok	Inc., 1217 St.P	ADDI Paul Street.	
	7/	111 4 6	1000 (	seel5	E. Starker M. A. I	WIII. COOK J	inc. 121/ 30.F	adi bereet,	
VS	150-REV. 1/1/65								

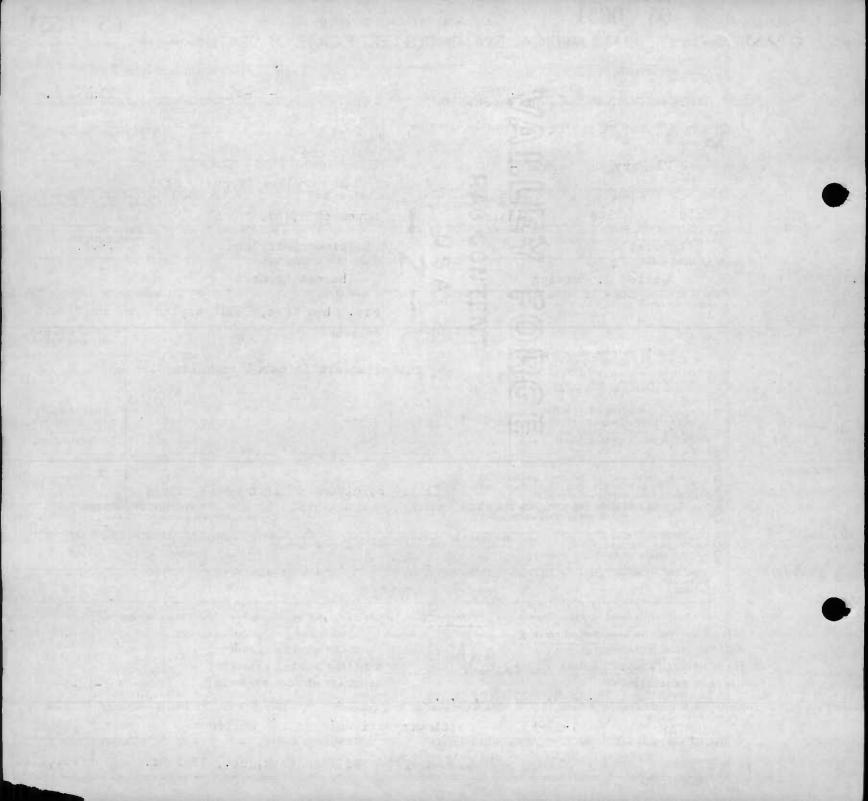


65	0651
UU	COOL

## BALTIMORE CITY HEALTH DEPARTMENT

65	0651

.E. CASE NO.	) 1712					
NAME OF DE	CEASED			2. D.	ATE AND HOUR PRONOUN	CED DEAD
ype or riinii	WAIT	ER J.HAR	DING		1-17-65	170.15 A
PLACE IN SAL	TIMORE, MARYLAND, W			4. USUAL RESIDENCE	(Where deceased lived, If in	stitution: residence before admission
JLL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	Maryland c. city or town		ite RURAL ond give tawnship)
NOITUTIES				Baltimore		12-00
2521	Maryland Ave	nue - DO	)A		(If rurol, give lacotion)	
				2521 Marry 1	land Avenue 2	1218
SEX	6. RACE		NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
Male	White	Single		November 3,		Months Days Hours Min.
	warking life, even if retired)  TET	KIUB. KIND OF	ROZINEZZ OK INDOZI			12. CITIZEN OF WHAT COUNTRY?
				Baltimore,		U.S.A.
FATHER'S NA				14. MOTHER'S MAIDER		
	lter J. Hardi	The same of the sa		Theresa	Lammers	
	ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
				Mrs. Rhea K	ane, 2521 Maryl	and Avenue, 212018
18.	12 1 A 1 NO	1000	CAU	SE OF DEATH		INTERVAL SETWEEN
1	5 5 / Y	159	A	or praint		ONSET AND DEATH
DISEA	SE OR CONDITION DI LEADING TO DEATH	RECTLY				
IThis does			A - A - A - A - A - A - A - A - A - A -	and and I amount	andi arraca ilan	diagona
	nai mean me made di	dying, e.g.,	(A) ATTE	stroscretoric.	-catatascutat	ursease
injury or co	nat mean the made of e, asthenia, etc. It means emplication which caused	dying, e.g., the disease, death.)	DUE TO	eriosclerotic	Cardinascular	ursease
injury of co	e, asthenia, etc. It means	dying, e.g., the disease, death.)	DUE TO	erioscierosic	var.urvxasc.urar	uisease
Injury of co	ANTECENDENT CAUSE	ES	DUE TO	erlosclerotic.		diseabe
DISEASES	ANTECENDENT CAUSE OR CONDITIONS, IF A	ES ANY, GIVING	I8)	erioscierotic	Calulty x 200 Utal	disease
DISEASES RISE TO TH	ANTECENDENT CAUSE	ES ANY, GIVING	18)	erioscierotic	Carurixasoutar	disease
DISEASES RISE TO TH UNDERLYI	ANTECENDENT CAUSI OR CONDITIONS, IF A 1E ABOVE CAUSE (A) S NG CONDITION LAST.	ES ANY, GIVING	18)	erioscierotic	Caruriyasoular	disease
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DISEASES RISE TO THE UNDERLYI  OTHER SIG TO THE DISEASE OF 19A. DATE OF	ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S NG CONDITION LAST.  II SNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING FOPERATION 198, CON WAS PER AL CAUSE WAS OR CONTRIB- JSE OF DEATH.	CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTION FOR V FORMED  218. I home, etc.)	IS)	Carcinoma of    20A. AUTOPSY? (Yes   No   in or about 21C. WHERE   affice bldg, INJURY OCC	or No) 208, IF YES, WERE IN CERTIFYING CAL	lvis FINDINGS CONSIDERED USES OF DEATH?
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DISEASES RISE TO TH UNDERLYI  OTHER SIG TO THE DISEASE OF  19A. DATE UNDERLYING UTING CAL  21 A. EXTERNA UNDERLYING UTING CAL  21 D TIME OF INJURY (APPROX.)	ANTECENDENT CAUSE  OR CONDITIONS, IF A HE ABOVE CAUSE (A) S NG CONDITION LAST.  II SNIFICANT CONDITIONS DEATH SUT NOT RE OR CONDITION CAUSING F OPERATION 19B, CON WAS PER AL CAUSE WAS OR CONTRIB- JSE OF DEATH.  (Manth) (Day) (Yea	CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTION LATED TO TI G IT.  IDITION FOR V FORMED  21 B. I home, etc.)  (Hour) 2' m. W	IS) DUE TO  (C)	Carcinoma of    20A. AUTOPSY? (Yes   No   affice bldg, INJURY Occ   21F. HOW D   WORK   utopsy   ond thou	or No. 208. IF YES, WERE FIN CERTIFYING CAN DID (If in Soltimore City, CUR?  ND INJURY OCCUR?	IVIS FINDINGS CONSIDERED USES OF DEATH? give exact lacation)
OTHER SIGN TO THE DISEASE OF INJURY (APPROX.)  DISEASE OF INJURY (APPROX.)	ANTECENDENT CAUSE  OR CONDITIONS, IF A HE ABOVE CAUSE (A) S NG CONDITION LAST.  III SINIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 198. CON WAS PER  AL CAUSE WAS JOSE OF DEATH.  (Manth) (Day) (Yea	CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTION LATED TO TI G IT.  IDITION FOR V FORMED  21 B. I home, etc.)  (Hour) 2' m. W	DUE TO  (C)	CARCINOMA OF    20A. AUTOPSY? (Yes   No.	Teft renal peror No. 208. IF YES, WERE IN CERTIFYING CALL DID (If in Soltimore City, 2007) TO INJURY OCCUR?  It on this bosis, deoth In Undetermined manual EXAMINER	IVIS FINDINGS CONSIDERED USES OF DEATH? give exact lacation)
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DISEASES RISE TO THE UNDERLYI  OTHER SIG TO THE DISEASE OF 19A. DATE OF 19A. DATE OF 19A. DATE 21A. EXTERNA UNDERLYING UN	ANTECENDENT CAUSE  OR CONDITIONS, IF A  HE ABOVE CAUSE (A) S  NG CONDITION LAST.  II  SNIFICANT CONDITIONS DEATH SUT NOT RE  OR CONDITION CAUSING F OPERATION 198, CON WAS PER  AL CAUSE WAS OR CONTRIB- USE OF DEATH.  (Manth) (Day) (Yea  Tify that I held on I  Ited from: Natural cause  L  URE  VER'S Type) PETER W.	CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTION LATED TO TI SIT.  IDDITION FOR V FORMED  218. 1 home, etc.)  (Hour) 2  m. W  RICKER	IS) DUE TO  (C).  NG HE Papillary WHICH OPERATION  PLACE OF INJURY (e.g., farm, factory, street, farm, farm, factory, street, farm, fa	T CARCINOMA OF  20A. AUTOPSY? (Yes  NO  in ar about 21C. WHERE affice bldg, INJURY OCC  21F. HOW D  T WHILE WORK  utopsy Ond thou ide Homicide  CHIEF MEDIC  ASSOCIATE MEDIC	or No) 208, IF YES, WERE IN CERTIFYING CAIL DID (If in Saltimore City, CUR?  thought of this bosis, death In Undetermined manual EXAMINER AL EXAMINER CAL EXAMINER CAL EXAMINER CAL EXAMINER CAL EXAMINER CAL EXAMINER	Ivis FINDINGS CONSIDERED USES OF DEATH? give exact lacation)  my opinion ner  DATE SIGNED  1-18-65
DISEASES RISE TO THE UNDERLYI  OTHER SIG TO THE DISEASE OF 19A. DATE OF 19A. DATE OF 19A. DATE OF INJURY (APPROX.)  22. I cer resu  ACTUA SIGNAT EXAMIN NAME ( A. BURIAL CRE	ANTECENDENT CAUSE  OR CONDITIONS, IF A HE ABOVE CAUSE (A) S NG CONDITION LAST.  III SNIFICANT CONDITIONS DEATH SUT NOT RE OR CONDITION 19B. CON WAS PER  AL CAUSE WAS OR CONTRIB- JSE OF DEATH.  (Manth) (Day) (Yea  Tiffy that I held on I Ited from: Natural ca  L URE VER'S Type) PETER W. MATION, 23B, DATE	CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTION  A CONTRIBUTION  CONTRIBUTION  A CONTRIBUTION  (Hour)  CONTRIBUTION  (Hour)  CONTRIBUTION  (Hour)  CONTRIBUTION  (Hour)  CONTRIBUTION  (Hour)  CONTRIBUTION  (Hour)  CONTRIBUTION  (A)  CONTRIBUTION  (Hour)  CONTRIBUTION  (CONTRIBUTION  (	DUE TO  (C)	T CARCINOMA OF  20A. AUTOPSY? (Yes  NO  in ar about 21C. WHERE affice bldg, INJURY OCC  21F. HOW D  T WHILE WORK  utopsy Ond thou ide Homicide  CHIEF MEDIC  ASSOCIATE MEDIC	or No) 208. IF YES, WERE IN CERTIFYING CAIL DID (If in Saltimore City, CUR?  thon this bosis, death In Undetermined manual EXAMINER CAL EXAMINER  23D. LOCATION (Cit	Ivis FINDINGS CONSIDERED USES OF DEATH?  give exact lacation)  my opinion ner  DATE SIGNED
DISEASES RISE TO THE UNDERLYI  OTHER SIG TO THE DISEASE OF 19A. DATE OF UNDERLYING UNDERLYING UNDERLYING UNDERLYING UNDERLYING UNDERLYING TO THE OF INJURY (APPROX.)  22.  I cer resu  ACTUA SIGNAT EXAMIN	ANTECENDENT CAUSE  OR CONDITIONS, IF A HE ABOVE CAUSE (A) S NG CONDITION LAST.  II SNIFICANT CONDITIONS DEATH SUT NOT RE OR CONDITION CAUSING F OPERATION 198. CON WAS PER  AL CAUSE WAS OR CONTRIS- JSE OF DEATH.  (Manth) (Day) (Yea  tify that I held on I lted from: Natural ca  L URE  NER'S Type) PETER W. MATION, 238 DATE	CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTION  A CONTRIBUTION  CONTRIBUTION  A CONTRIBUTION  (Hour)  CONTRIBUTION  (Hour)  CONTRIBUTION  (Hour)  CONTRIBUTION  (Hour)  CONTRIBUTION  (Hour)  CONTRIBUTION  (Hour)  CONTRIBUTION  (A)  CONTRIBUTION  (Hour)  CONTRIBUTION  (CONTRIBUTION  (	IS) DUE TO  (C).  NG HE Papillary WHICH OPERATION  PLACE OF INJURY (e.g., farm, factory, street, farm, farm, factory, street, farm, fa	Carcinoma of  20A. AUTOPSY? (Yes  No., in ar about 21C. WHERE affice bidg., INJURY OCC  21F. HOW D  TWHILE WORK  Utopsy ond thought CHIEF MEDIC ASSISTANT MEDIC ASSOCIATE MEDIC ar CREMATORY	or No) 208, IF YES, WERE IN CERTIFYING CAIL DID (If in Saltimore City, CUR?  thought of this bosis, death In Undetermined manual EXAMINER AL EXAMINER CAL EXAMINER CAL EXAMINER CAL EXAMINER CAL EXAMINER CAL EXAMINER	Ivis FINDINGS CONSIDERED USES OF DEATH?  give exact lacation)  my opinion ner  DATE SIGNED  1-18-65

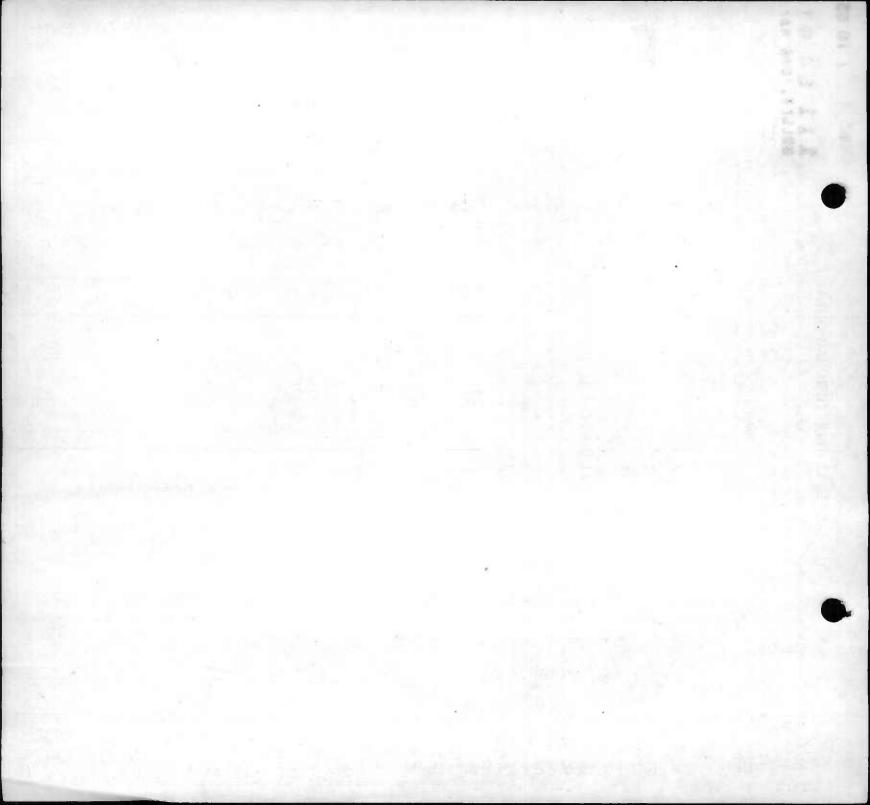


(5) Deceased

++400	BALTIMORE CITY	HEALTH DEPARTMENT	,	0000
BIRTH NO. 65 1652	CERTIFICA	TE OF DEATH	Registered Na	-65 - 0652
M.E. CASE NO.	CERTIFICA	1		
1. NAME OF DECEASED (Type or Print) EVA MAY HOLLE	Υ	2. DATE ANI	1-19-65	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	5/11	4. USUAL RESIDENCE (Where A. STATE B. COUNT		ution; residence before odmissian)
FULL NAME OF (If not in hospital or institution, HOSPITAL OR oddress or location)	give street	MARYLAND.	side city limits, write RUR	AL and give township)
INSTITUTION		MILLINGTON		64-00
JOHNS HOPKINS HOSPIT	AL	ROUTE 1, BO	urol, give locotion) X 254	
WIDOWE	RRIED			Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B. KIND O		8-3-99 11. BIRTHPLACE (State or foreign	n country)	2. CITIZEN OF
done during most of working life, even if retired)	STORY	KENT	691	WHAT COUNTRY?
13. FATHER'S NAME	-	14. MOTHER'S MAIDEN NAM	AE .	0.27
SAM SCOTT		ANNA M	OLLOCK	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no arunknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT H H	olley	ADDRESS MJ
NO	CAUSE O	E DEATH	γv	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	in Hy	po tension		· **
(This does not mean the made of dying, e.g.				
hearl failure, asthenia, etc. It means the disease injury ar camplication which coused death.)		e Carcan	2	?
ANTECEDENT CAUSES	(B) 3EF3	1s; PNEUM	ONIA	*
DISEASES OR CONDITIONS, if ony, giving	m C=	ALTA-IC CANCE	R 100 man	?
rise to the above cause (A) stating the UNDERLYING CONDITION lost.	(c) /*(E7	ASTATIC CANCE OF TONGUE)	1 CPRIMARY	
	The state of the s	-		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	IG HE			
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINE	DINGS CONSIDERED S OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING 21	me, form, foctory, street, of	or obout 21 C. WHERE DID	(If in Boltimore Ci	ty, give exoct locotion)
<u>o</u>	E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUP?	
₩ OF INJURY	hile At Not While ork At Work	e 🦳	oki occok.	
22. I certify that (I) (this hospital) attended	4 0 1	1/12 1	965 to 145	AM 1/19 1965
that (I) (10st saw the deceased alive an.			at in (my) (4500) apinia	n death accurred an the date
and haur and fram the causes stated abave. ( 23A, SIGNATURE	(1) (	new the bady after death.	laa	B, DATE SIGNED
Michael Coll	M.D. Atte	ending Med. Director	Staff	1/19/1
23C. PHYSICIAN'S NAME (Type)	Phy	23D. ADDRESS	Phys.	701/63
	SCH. M.D.			
	AME of CEMETERY OF CRE	MATORY 24D. LC	CATION (City,	town, or county) (Stote)
BURIAL 1/23/65 Ch	ester Vill	E Cen. Ne	OR/ Millin	vator, Md
25A DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C. EUNERAL DIRECTOR	·M.	ADDRESS M
JULY 2 1202 (18 00)	C, devoca,	Remielle	Jalvar ()	nestertown, 19

VS 150-REV. 1/1/65

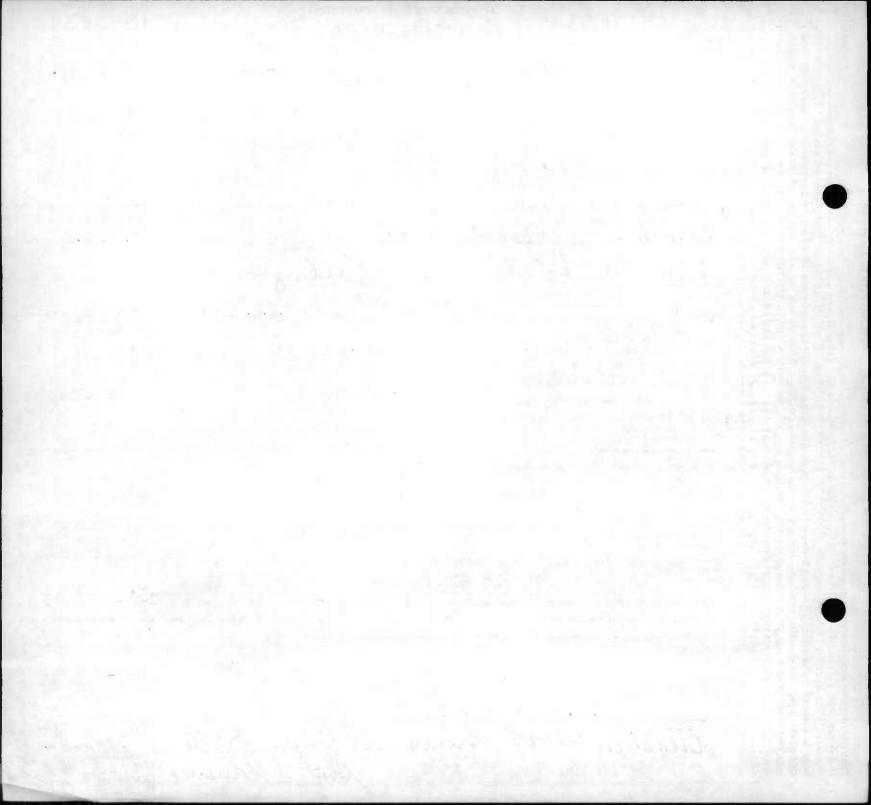
ADDRESS hesterTown, Md



R

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undefermined cause; (5) Deceased of was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the second prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

0050	BALTIMORE CITY	HEALTH DEPARTMENT		05 0050
BIRTH NO. 65 0653 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na.	65 0653
1, NAME OF DECEASED		2, DATE AN	D HOUR OF DEATH	
Harriet B	arden		7-65	8:30 P. M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN		nstitution: residence before admission)
FULL NAME OF (If not in hospital or institution oddress or location)	on, give street		ne Arundel	County PORAL ond dive township)
Baltimore City	Hospitals	1 - 10.	side chy minis, while	Mark 52-00
4940 Eastern A		D. STREET ADDRESS (IF	rurol, give location)	00000
Baltimore, Mar	yland #21224	302 Maple Lane	9	
5. SEX 6. RACE 7. MARK	IED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	WED, DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.
F'emale White Ma:	rried OF BUSINESS OR INDUSTRY	10-7-17 11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF
done during most of working life, even if retired)	A 5.00	2		WHAT COUNTRY?
13. FATHER'S NAME	new . O chow	Maryland 14. MOTHERS MAIDEN NAM	AF	U.S.A.
13. FATHERS NAME NA DA	4-	14. MOTHERS MAIDEN NAM	AE .	
W.W. M. Robert	5	( pllinger	and.	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no grupknown) (If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
10	2891076040	RECORDS: B.C.	1 /9/0 Fee	tenn Avenue #2122/
18. 445 / X I	CAUSE OF		1. 4740 Das	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) Arte	ritis ? Collager	n Vascular	
(This does not mean the made of dying, heart laiture, asthenia, etc. It means the dise		isease	20 0 0 0 0 m m 0 m m m 0 0 m m m 0 m m m m m m m 0 0 0 0 0	
injury ar camplication which caused death.)	Rone	l Failure		2 Weeks
ANTECEDENT CAUSES	DUE TO	T Latime		2 weeks
DISEASES OR CONDITIONS, if any, given				
rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)	# ************************************	******************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBU				
O THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	20B. IF YES, WERE	FINDINGS CONSIDERED
ERT		Yes	III CERIII IIII CA	Same
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, af	fice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exoct locotion)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not While Work At Work			
22. I certify that (1) (this hospital) attended			9 64 ta	1-17- 1965
	7 70	6E		
that (I) (we) lost saw the deceased alive	*		or in (my) (dur) op	inion deoth accurred an the date
ond havr and from the couses stated abov	e. "(1) (We) (did) <del>(did not) v</del>	iew the body after death.		
23A. SIGNATURE	M.D. Atte	nding Med.	Stoff	23B. DATE SIGNED
i la	Phy:	s. Director	Phy s	1-17-65
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
Dr. C. Robert	Cooke M.D.	4940 Eastern	Avenue #2	1224
	C. NAME OF CEMETERY OF CRE			ity, town, or county) (Sate)
42 emalion 1-21-65	Shell me	Ren.	Rath	many 0
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	AE OF REGISTRAR	25C. PUNERAL DIRECTOR	2	ADDRESS
JAN 2 0 1965 R.O.	JE Janbur All	Sobert of	Sangue	- known OK. a.
VS 150-REV, 1/1/65		11 11		A CONTRACTOR



Such eceased uo hospital death. ance cause attend 10 prior contributin determined regular eceased 2 the uo attendance pronounce of חמר who 0 was in physician physician ypo the. 0 to the hospital °Z nature; 3 9 (except ; and any of death) hospital 0 certificate

Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Carolynn 65 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND B. COUNTY A. STATE ALLEGANY MARYLAND FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR address or location) (If outside city limits, write RURAL and give township) CUMBERLAND HOPKINS HOSPITAL JOHNS D. STREET ADDRESS (If rural, give location) WALLACE ST mad 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Days WIDOWED, DIVORCED (specily) lost birthday 1-15-40 FEMALE NEGRO 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF isposition WHAT COUNTRY? done during most al working life, even if retired) HOUSEWIFE OWN HOME CUMBERLAND. MD. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SYLVIA STEPHENS LAWRENCE GATES O 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL final (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. UNKNOWN ERNEST J. NIMMONS, CUMBERLAND, MD, NO CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY the remains are embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office btdg., INJURY OCCUR? (If in Baltimore City, give exact location) MEDICAL DEATH (notily medical examiner) etc.) be obtained (Month) (Doy) (Year) (Hourl 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) Work At Work 22. I certify that (I) (this hospital) attended the deceased from 12 1/17/65 19.6.5 that (I) (we) last sow the deceased alive on..... and that in (my) (our) opinion death occurred on the date ond hour ond from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth. body was released must accident 23A. SIGNATURE 238, DATE SIGNED Attending Phys. approval Director 0 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) An D. Edwards M.D. O.A. 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CREMATORY eceased REMOVAL (Specify) written shows: Ö BURIAL JAN. 21.1965 ROSE HILL CEMETERY CUMBERLAND. MD. Was 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR the BYRON KIGHT VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

ADDRESS CUMBERLAND. MD.

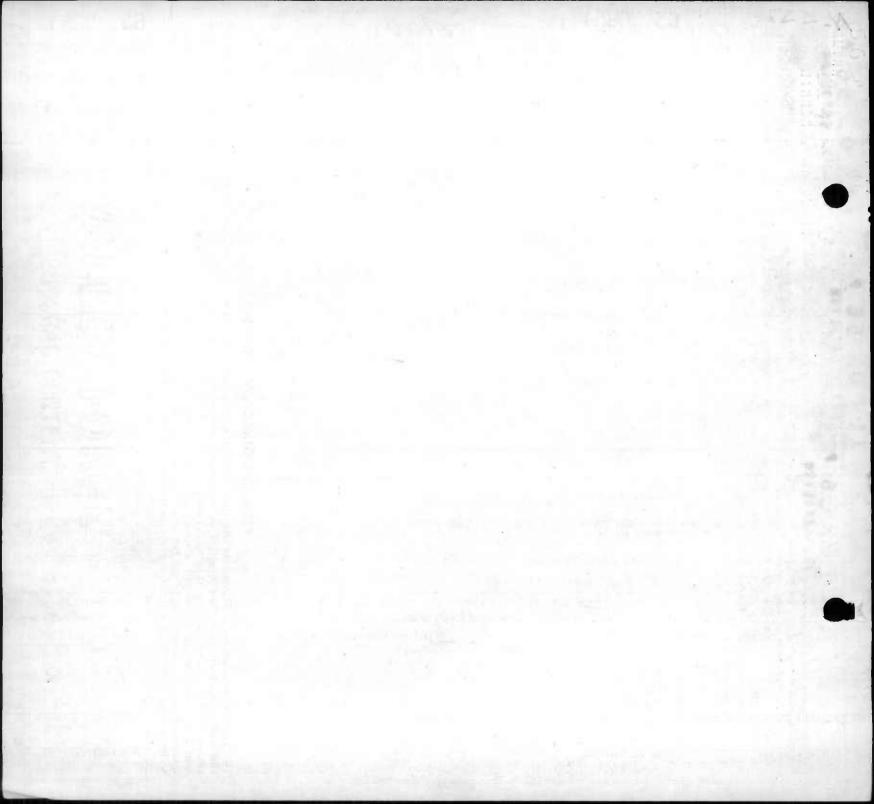
If Under 24 Hrs.

Hours

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH



Was

VS 150-REV. 1/1/65

the Such

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attend cause;

death.

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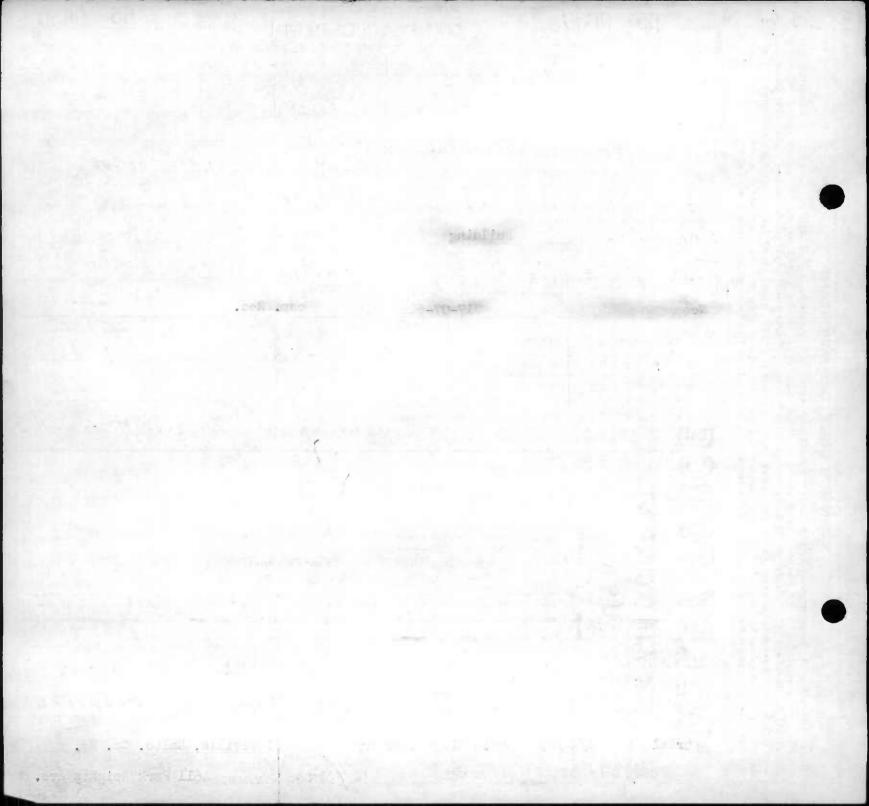
Deceased death

cause

- 35352 BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 5:20PM M. 1-18-65 BABY BOOY BASKETTE 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) C. CITY OR TOWN HUSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION BALTIMORE D. STREET ADDRESS (If rural, give location) THE JOHNS HOPKINS HOSPITAL PATAPSCO AVENUE is made. 7. MARRIED, REVER MARRIED WIDOWED, DIVORCED (specify) 9. AGE (In years lost birthday) If Under 1 Yr. If Under 1 Months Doys Hours If Under 24 Hrs. 5. SEX 6. RACE B. DATE OF BIRTH MALE WHITE 12-18-64 10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME BASKETTE ERLNE 6. SOCIAL 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) DEATH (notify medical examiner etc.) MEDIC 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Month) (Doy) (Yeor) (Hour) OF INJURY Not While While At (APPROX) At Work Work 22. I certify that (1) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive an ...and that in (my) (aur) apinion death occurred on the date and haur ond from the causes stated abave. (1) (We) (Aid) (did not) view the body after deoth. 23A, SIGNATURE 238 DATE SIGNED Attending M.D Phys. Director \_\_\_ Phy s. 23CAHYSICIAN'S 23D. ADDRESS NAME (Type) M.D 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATOR (City, town, or county) LOCATION REMOVAL (Specify) written BALTIMORE 5, MARYLAND JOHNS HOPKINS HOSPITAL BAL 25R. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 1-19-65 CREMATION 25A. DATE REC'D BAN

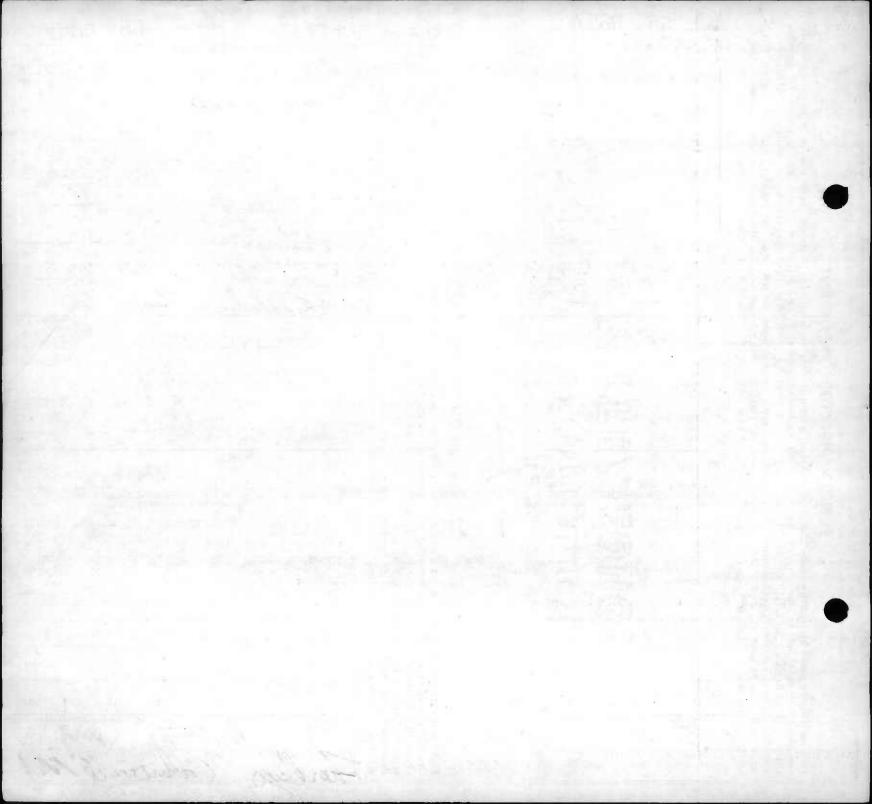
Corrected by Brich Cert. 64-35352

	CE OCEC	BALTIMORE CITY	HEALTH DEPARTMENT		65 0656
	dead equipment	CERTIFICA	TE OF DEATH	Registered Na	00 0000
1, N (Ty <sub>1</sub>	E. CASE NO.  IAME OF DECEASED.  PLACE OF DEATH IN BALTIMORE, MARYLAN	ECKENROD	E 1-	ND HOUR OF DEATH  18-65  ere deceased lived. If inst	itutian: residence before admission)
	FULL NAME OF (If not in haspital ar ins HOSPITAL OR address ar lacation) NSTITUTION		C. CITY OF TOWN (IF o	NTY utside city limits, write RU	27-17
l	MION MEMORIAL	Hospital	D. STREET ADDRESS (III	rural, give location)	AVENUE
5. 5		ARRIED, NEVER MARRIED	B. DATE OF BIRTH. 9/27/97		If Under 1 Yr, If Under 24 Hrs. Manths Days Hours Min.
	USUAL OCCUPATION (Give kind of work 108. I e during most of working life, even if retired)	RIND OF BUSINESS OR INDUSTRY  Building	MARY LA	eign country)	AMERICAN (VIS
15.	FATHER'S NAME  TOLN ECKENRO DE  Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	14. MOTHER'S MAIDEN NA ANASTIA 17. INFORMANT	NOEL	ADDRESS
(Te	No	717-07-6182	Hosp.	Rec.	
	18. /3 3 31	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTL	Y	15000001		4- dave
	(This does not mean the mode of dyinheast foilure, osthenio, etc. Il means the cinjury of complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the obove cause (A) statis UNDERLYING CONDITION lost.	disease, h.) (B) // B) DUE TO	tastatic acinoma o	CANCER f Signoi	d 4 months
ATION	OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	RIBUTING TO THE	CHF		
CAL CERTIFIC	19A. DATE OF OPERATION 198. CONDITION 9-21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	N FOR WHICH OPERATION  ED  OF  SIGNOL  OIB. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?  City, give exact lacation)
MEDIC	21 D. TIME (Month) (Doy) (Year) (Ho OF INJURY (APPROX.)	While At Not While Wark At Work	21F. HOW DID IN	JURY OCCUR?	
	22. I certify that (this hospital) attended (1) (maximum) saw the deceased aliqued haur and from the causes stated a	ive an			an death accurred on the date
	23A. SIGNATURE U. Be	Phy		Stoff Phys.	238 DATE SIGNED 1-18-65
24/	23C. PHYSICIAM'S NAME (Type) A. BURIAL CREMATION, 24B. DATE	BENNETT M.D.	UNION M	EMORIAL LOCATION (City	Hospital
	REMOVAL (Specify)  Burial 1/22/65	Druid Ridge Ceme		kesville, Bal	
25/		NAME OF REGISTRAR  Les & Farber M. M.	25 GFUNERAL DIRECTO	,R	ark Heights Ave.
VS	150-REV. 1/1/65		1 0 0 1		

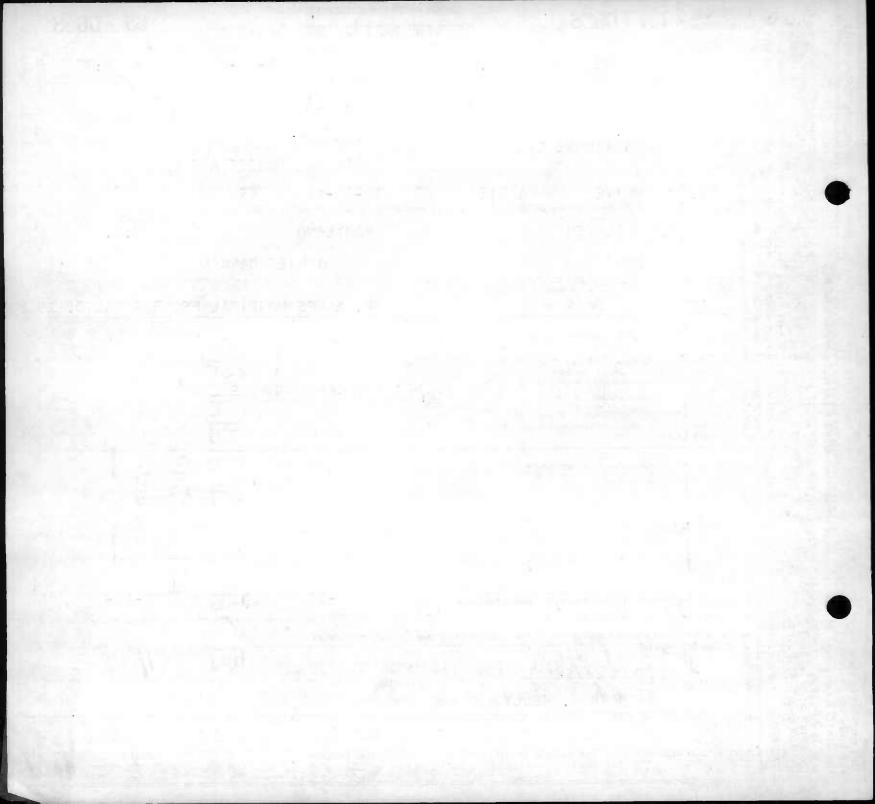


## This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such **FUNERAL DIRECTOR: IMPORTANT**

65-01805	BALTIMORE CITY	HEALTH DEPARTMENT		
M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	65 0657
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	20
(Type or Print) TimoTHI	SEPH KA	1/01-1= 1-	16-65	1/10 30 4
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution: residence before admiss
		A. STATE B. COUN	ITY	7.571
FULL NAME OF (If not in hospital or instit	ution, give street	MARY	LAND	20.01
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If our	tside city limits, write 1	RURAL ond give township)
BON SECOURS HO	- initat	BALTI	MARIT	- 29
BON SECOURS HO	ospelal	D. STREET ADDRESS (If	rurol, give location)	20-1
		11710	Panin	0-
		7360 1	17/5K7	011 07,
	RRIED, NEVER MARRIED OQWED, DIVORCED (specify)		9. AGE (In years lost birthdoy)	Months Doys Hours Mir
MALIE WHITE		1-14-65		35
OA. USUAL OCCUPATION (Give kind of work 108. KII	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	ign country)	12. CITIZEN OF
one during most of working life, even if retired)		>- 0		WHAT COUNTRY?
		max		
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
1 '	0	1	1	. )
TLOERT LOUIS	MANDLE	YINN GEN	EVIEVE	UEMENT
5. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown) (If yes, give wor or dates of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
yes, give was as doct of sel	SECORITI NO.	111 18 11	1. 1-1 (7	P = 01
		allerande	1-4360 V	willing Jai
18. 7 6 1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	2	010	r . 0	OHSEL AND DEATH
LEADING TO DEATH	in mas	erve Atelees	tare of	2 days
(This does not meon the mode of dying,		-40.	/ <del></del> / <del></del>	
heoil foilure, asthenio, etc. Il meons the dis		oth mings		
injury at complication which caused death.)	Tan	and the state of		
ANTECEDENT CAUSES	DUE TO	Visite de la constitución de la	0 * 0 0 0 0 0 * 0 0 0 0 0 0 0 0 0 0 0 0	
DISEASES OR CONDITIONS, if any,	giving			
rise to the obove couse (A) stoling	lhe (C)			
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIB				
TO THE DEATH BUT NOT RELATED T	O THE			
U 19A DATE OF OPERATION 1198 CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	Yes	(tf := D-1a:	City sine and burton
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	til in politimore	e City, give exoct locotion)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUP?	
OF INJURY	While At Not Whil		• • • • • • • • • • • • • • • • • •	
(APPROX.)	Work At Work			
22. I certify that (1) (this hospital) atten	ded the decess of form	January 15	19 65 to	Jan. 16 1965
	13 10	1 Ope		
that (1) (we) lost sow the deceased olive	on Jan. 16	19.65 ond th	ot in(my) (our) opi	nion deoth occurred on the
ond hour and from the causes stated abo	ove. (1) (We) (did) (did not) v	iew the body ofter death.		
23A. SIGNATURE		, 4-2/116		23B. DATE SIGNED
Ap. A	M.D. Atte	ending Med.	Stoff 🖂	1
lo rino from	Phy	s. Director	Phy s.	1/16/65
23C. PHYSICIAN'S		23D. ADDRESS		
NAME (Type)	M.D.	Rong P	ecouro Z	facile D
Florino A. T	TUTTOISCO	100n 8	/	experient.
AA. BURIAL CREMATION, 24B. DATE 2 REMOVAL (Specify)	AC. NAME OF CEMETERY OF CRE	MATORY 24D. L	OCATION (Ci	ty, town, or county) (Stat
Burial 1-18-65	La la Ga	of Cem	Butter	n hul
1/200	The or or or or or	0.00 51116	10 work	1.100
1 1 1 1 0 0 100 1	AME OF REGISTRAR	25C. ELINERAL DIRECTOR	nt i	ADDRESS
JAN 20 1965 R.C.	CITE TONKUMIN	CRU DOSE	8 Cal	Wanter Is
/S 150-REV. 1/1/65		The second		
			1-ARLEY	CATONSVILLE

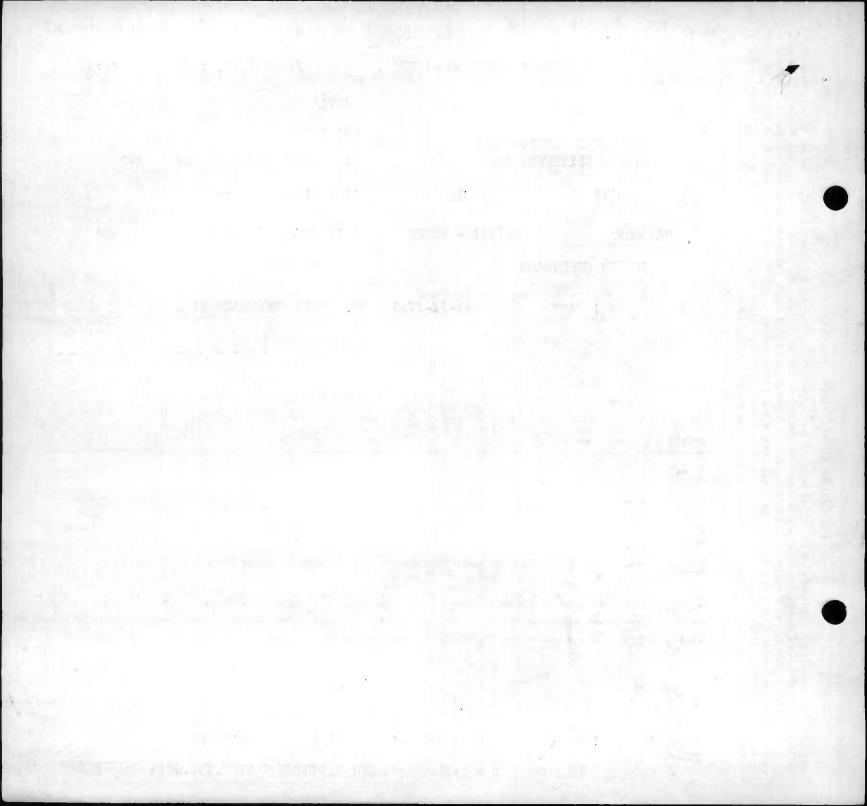


0000	BALTIMORE CITY	HEALTH DEPARTMENT		CE 0050
ыкти но. 65 0658	CERTIFICA	TE OF DEATH	Registered No	. 65 0658
M.E. CASE NO.  1, NAME OF DECEASED			ID HOUR OF DEATH	
(Type or Print) ROWE, JOHN	В.		-17-65	4:35 P.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Whe		institution: residence before admission)
FULL NAME OF (If not in hospital or insti	MARYLAND	teido citu limite weite	RURAL and give township)	
ST. AGNES HOS	PITAL	BALTIMORE	iside city illinis, while	A CARE ON GIVE IN MISSING
BALTIMORE 29.			rurol, give location)	
		410 OAK FOR	REST AVEN	UF
5. SEX   6. RACE   7. MA	ARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALE WHITE MA	RRIED (specity)	10-23-11	53	With Hours With
IDA, USUAL OCCUPATION (Give kind of work 10 B. KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
SELF EMPLOYED		MARYLAND		U.S.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
JOHN ROWE		HARRIET	BARKER	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of se	SECURITY NO.	CT ACHEC HOS	CDITAL DE	CORDS BALTO. 29, M
YES W.W. I	CAUSE O		DELIAL KE	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		PENIN	13	ONSET AND DEATH
LEADING TO DEATH		METASTATIC CAP	RCINOMA	
(This does not meen the made of dying				
heart failure, asthenia, etc. It means the di injury ar camplication which coused death.	1	AADV CADCINOVA	OF LUNG	
ANTECEDENT CAUSES	\D/ (000000000000000000000000000000000000	MARY CARCINOMA	OF LUNG	
DISEASES OR CONDITIONS, if any,	DUE TO			
rise to the above cause (A) statin		······································		
UNDERLYING CONDITION last.				
O THER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimo	ore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street, o	office bldg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hou		21F. HOW DID INJ	IIBA OCCIIBS	
S   01 11130K!	While At Not While		ON! OCCUR:	
(APPROX.)	Work At Work		1-	1 1 2 ( -
22. I certify that (I) (this hospital) atte	4 4 60	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	105 10	1-1/- 19 65
that (M) (we) last saw the deceased aliv	e on 1-17	19.65 and th	at in (mg) (aur) ap	pinion death accurred on the date
and haur and from the causes stated ab	ove. (1) (We) (did) (*********)	view the bady after death.		
23A. SIGNATURE			A Death	23 B. DATE SIGNED
Lichard Kell	M.D. Att.	ending Med. Director	Stoff Phys.	1/17/65
	1	23D. ADDRESS		1.1100
23C. PHYSICIAN'S NAME (Type) RICHARD J. KEL	LY, MD M.D.			
	24C. NAME of CEMETERY OF CR	FAMATORY 1242	OCATION	City, town, or county) A (State)
REMOVAL (Specify)	A H	7 0 6	OCATION (	City, town, or county) (Stole)
Buren 1	Wallmore N	Moral Cen.	Dale.	114
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	0 11	ADDRESS
JAN OU 1202 OF	ero c. larverina	Taley Jus	neral Home	- Calorendy Md.
/S 150-REV. 1/1/65	W AZ SZ SZ			



			BALTIMORE CITY	HEALTH DEPARTMENT		63.00		
BIRTH NO. 65	5 0659		CERTIFICA	TE OF DEATH	Registered Na	65_0	659	
M.E. CASE NO.	EASED			2. DATE AN	D HOUR OF DEATH	Н		
Type or Print)	MICH	IAEL GRE	ENBAUM (GREEN	) JANUAR	y 19, 1965	12:3	5 A M	
PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUN		institution; residence be	fore admission)	
FULL NAME OF	F (If not in haspital	ar institution, c	give street	MARYLAND  C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
HOSPITAL OR	address ar location							
	BELVEDERE NUR	מע מעדפר	IIE	BALTIMORE				
	2525 W BELVET		D. STREET ADDRESS (If rural, give lacation) 6156 GREEN MEADOWS PKWY APT C					
	6. RACE		NEVER MARRIED		9. AGE (In years		Under 24 Hrs.	
MALE	WHITE		INGLE (specify)		last birthdoy)	Months Doys Ho		
	JPATION (Give kind of wark warking life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or farei	gn country)	12, CITIZEN OF WHAT COUN	RY?	
	AGER	RETA	IL - SHOES	BALTIMORE, MA	RYLAND	USA		
3. FATHER'S NAM	AE	1		14. MOTHER'S MAIDEN NAM				
	JOSEPH GREENE	BAUM		MARY WEINE	SERG			
5. Was Deceased	Ever in U. S. Armed Far	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	APT	
YES	(If yes, give war ar date	s of services	563-18-2763	MR. DAVID GREE	NBAUM 6156	GREEN MEAD		
1B.	5 201		CAUSE O			INTERVAL	BETWEEN	
DISEAS	E OR CONDITION DIR	RECTLY		- 1 1 t.		ONSET AN	ID DEATH	
	LEADING TO DEADIL			ne lastula (	antono	1 1 4	an. 7	
	LEADING TO DEATH		(A)					
(This does n	of meon the mode of osthenio, etc. If meons		DUE TO	netaslati C		· ·		
(This does not heart foilure, injury or com	ol meon the mode of osthenio, etc. It meons plicotion which coused	the diseose, deoth.)				1 /20	m +	
(This does in heart foiluse, injury or com	ool meon the mode of osthenio, etc. It meons application which coused ANTECEDENT CAUSES	the disease, death.)		income 1		1 70	~ +	
(This does not heart foilure, injury or com	ool meon the mode of osthenio, etc. It meons application which coused ANTECEDENT CAUSES OR CONDITIONS, if	the disease, death.) ony, giving	DUE TO			1 /2	~ +	
(This does not heart foilure, injury or com  A  DISEASES Orise to the	ool meon the mode of osthenio, etc. It meons application which coused ANTECEDENT CAUSES	the disease, death.) ony, giving	DUE TO			1 70	* * *	
(This does in heart foilure, injury or com  A DISEASES Orise to the UNDERLYING	not meen the mode of osthenio, etc. It meens application which coused ANTECEDENT CAUSES OR CONDITIONS, if a above couse (A) G CONDITION lost.	the disease, death.) ony, giving stating the	DUE TO  (B)  DUE TO			1 7	4 +	
(This does in heart foilure, injury or com  A DISEASES Orise to the UNDERLYING	not meon the mode of osthenio, etc. It meons application which coused ANTECEDENT CAUSES OR CONDITIONS, if a above couse (A) G CONDITION lost.  FICANT CONDITIONS CEATH BUT NOT RELA	the disease, death.) ony, giving stating the	DUE TO  (B)  DUE TO  (C)			1 9	m +	
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(This does in heart foilure, injury or com  A DISEASES Orise to the UNDERLYING	ool meon the mode of osthenio, etc. It meons application which coused antecedent causes of conditions, if eabove couse (A) if conditions of conditions of conditions conditions condition causing it	the disease, death.)  ony, giving stating the CONTRIBUTING TO THIS.  IDITION FOR V	DUE TO  (B)  DUE TO  (C)	Euronom 1	208. IF YES, WERE	E FINDINGS CONSIDER AUSES OF DEATH?	***	
OTHER SIGNII  OTHER SIGNII  TO THE DI DISEASE OR  19A-DATE OF	ool meon the mode of osthenio, etc. II meons application which coused antecedent causes.  OR CONDITIONS, if eabove couse (A) CONDITION lost.  FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I OPERATION 19B. CON WAS PERINT WAS UNDERLYING	ony, giving stating the CONTRIBUTING TO THE TO THE TO THE TOTAL TO	G E WHICH OPERATION	20 A. AUTOPSY? (Yes ar Na	208. IF YES, WERE IN CERTIFYING C	1 Ju		
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This does in heart foilure, injury or com  DISEASES Of the UNDERLYING  OTHER SIGNITY TO THE DIDISEASE OR  19A. DATE OF  21A. ACCIDEN OR CONTRIBUTY  DEATH (notify)  21D. TIME OF INJURY (APPROX.)	osl meon the mode of osthenio, etc. II meons application which coused ANTECEDENT CAUSES OF CONDITIONS, if above couse (A) is ab	ony, giving stating the CONTRIBUTING TO THIS.  CONTRIBUTING TO THIS.	DUE TO  (B)  DUE TO  (C)  GE  WHICH OPERATION  PLACE OF INJURY (e.g., in foctory, street, or injury occurred in the control of	20 A. AUTOPSY? (Yes ar No n ar about 21 C. WHERE DID? ffice bidg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDE AUSES OF DEATH?	akan)	
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OTHER SIGNII TO THE DI DISEASE OF THE DI OTHER SIGNII TO THE DI DISEASE OF THE DI OTHER SIGNII TO THE DI DISEASE OF THE DI OTHER SIGNII TO THE DI OTHER SIGNII TO THE DI OTHER	TO I meon the mode of osthenio, etc. II meons indicated in the coused antecedent caused antecedent cau	ony, giving stating the CONTRIBUTING TO THE T	DUE TO  (B)  DUE TO  (C)  GE  WHICH OPERATION  PLACE OF INJURY (e.g., in foctory, street, or injury occurred by the deceased from the dece	20A. AUTOPSY? (Yes ar Na n ar about 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJ 6 19 6 and the view the body after death.  ending Med. Director	208. IF YES, WERE IN CERTIFYING C  (If in Baltimo	E FINDINGS CONSIDE AUSES OF DEATH?  are City, give exact lace	akan)	
This does in heart foilure, injury or com  DISEASES Orise to the UNDERLYING  OTHER SIGNIT TO THE DIDISEASE OR 19A. DATE OF OR CONTRIBU DEATH (notify 121D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour and 23A. SIGNATU  23C. PHYSICIA NAME (T)	THAT (I) (this hospital last saw the deceose of fram the courses storing to the course of the course	the disease, deoth.)  ony, giving stating the CONTRIBUTING ATED TO THE IT.  CONTRIBUTING ATED TO THE IT.  (Hour) 21E. Whit War at the dalive an attended the ded above. (I	DUE TO  (B)  DUE TO  (C)  GE  WHICH OPERATION  PLACE OF INJURY (e.g., in foctory, street, or injury occurred by the deceased from the dece	20A. AUTOPSY? (Yes ar Na n ar about 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJURY  22F. HOW DID INJURY  22F. HOW DID INJURY  23D. ADDRESS	208. IF YES, WERI IN CERTIFYING C  (If in Baltimo  URY OCCUR?  96. 1 ta at in(my) (aur) ap  Staff Phys	E FINDINGS CONSIDE AUSES OF DEATH?  are City, give exact lace	atian)	
This does in heart foilure, injury or come of the complex of the c	THAT (I) (this hospital last saw the deceose of fram the courses storing to the course of the course	the disease, death.)  ony, giving stating the CONTRIBUTING ATED TO THIS.  DITION FOR V. FORMED  21B. hometc.)  (Haur) 21E. Whi World alive an	DUE TO  (B)  DUE TO  (C)  GE  WHICH OPERATION  PLACE OF INJURY (e.g., in the deceased fram the decease	20A. AUTOPSY? (Yes ar Na n ar about 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJURY  21F. HOW DID I	208. IF YES, WERI IN CERTIFYING C  (If in Baltimo  URY OCCUR?  96. 1 ta at in(my) (aur) ap  Staff Phys	E FINDINGS CONSIDE AUSES OF DEATH?  Ore City, give exact lace  23B. DATE SIGNED  1 1 9 1	1965 od an the date	

VS 150-REV. 1/1/65



258. NAME OF REGISTRAR

BIRTH NO.

Suci on th

M.E. CASE NO.

(Type or Print)

I. NAME OF DECEASED

BURIAL

VS 150-REV. 1/1/65

25A. DATE REC'D BY HEALTH DEP

Was

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es

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH anvary USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) (If outside city limits, write RURAL and give Fordleigh RO tf Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS 3902 FORDLEIGH RD INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No) 20 B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) varvary 6 ond that in (my) ( opinian death occurred on the date 23 B. DATE SIGNED (City, town, or county) 25C. FUNERAL DIRECTOR BROS.INC.6010 REISTERSTOWN SOL LEVINSON &

Perma Wine Udanish Samuel James Till Berger Herry on Chaining Sina. Hospital of Calt with

M 2136

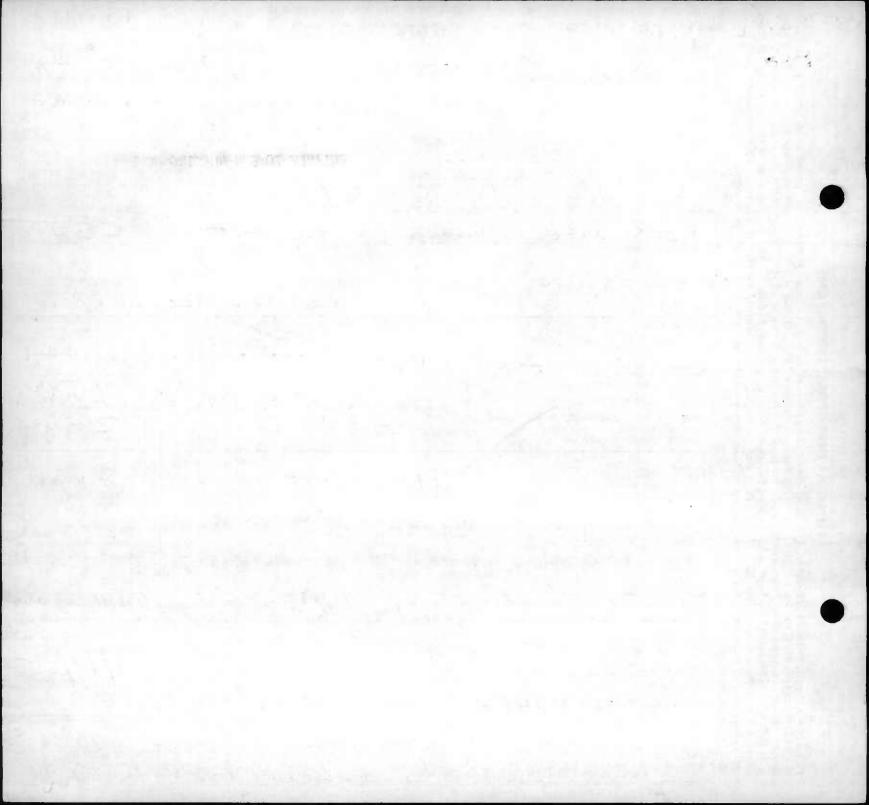
	H NO.	9348 ME	DICAL EX	AMINER 5 CE	EKTIFICA	ATE OF L	JEA I H Register	ed Na.	0 30	P.G.A.
T. NAME OF DECEASED (Type or Print)					2. DATE AND HOUR PRONOUNCED DEAD					
JOSEPH MASTER  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)					4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Maryland C. CITY OR TOWN (If autside corporate limits, write RURAL and give tawnship)					
UNION MEMORIAL HOSPITAL - DOA				- DOA	Baltimore  D. STREET ADDRESS (If rurol, give locotion)  4810 Laurel Avenue - 21215					
5. S	EX [ale	6. RACE White	WIDO WED, D	NEVER MARRIED IVORCED(specify)	B. DATE OF B		9. AGE (In years	If Under	Yr. If Under Doys Hours	
don	during most of w	orking life, even if retire	work TOB. KIND OF	BUSINESS OR INDUSTRY		AUSTRIA	n country)	12. CITIZEI WHAT	COUNTRY?	
MANUEL MASTER				14. MOTHER'S MAIDEN NAME FANNIE HENDLER 17. INFORMANT ADDRESS						
Yes	, na ar unknawn)	(If yes, give war or o	dotes of service)	16. SOCIAL SECURITY NO. 041-01-8441	MRS. 1	FREDA MAS	TER 4810	LAUR	EL AVE	
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying e.g., heart foilure, asthenio, etc. It meens the disease, injury or complication which coused death.)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) Extensive coronary sclerosis with multiple myocardial scars  MUETO  MULTIPLE MYOCARDIAL SCARS  (B) DUE TO  (C)  (C)							1		
	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS OF DE YES			ES OF DEA			
MEDICAL	OF INJURY				office bldg., INJURY OCCUR?					
	22. I certify that i held an Inquiry Inspection Autapsy and that an this basis, death in my apinion  resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  PETER W RIECKERT MD  BURIAL CREMATION, 23B, DATE  23C. NAME of CEMETERY or CREMATORY  23D. LOCATION (City, town, or county) (State)									
	MOVAL (Specily BURT A. DATE REC'D	AL 1/19 BY HEALTH DEPT.		ETVAH TEKVAH  DE REGISTRAR  BE E STANDAYM.	0	HERAL DIRECTOR	BALTIMORE BROS.INC.601	Al	LAND L DDRESS TERSTON	IN RO
						1 1 1 1				

VS 151-REV. 1/1/65

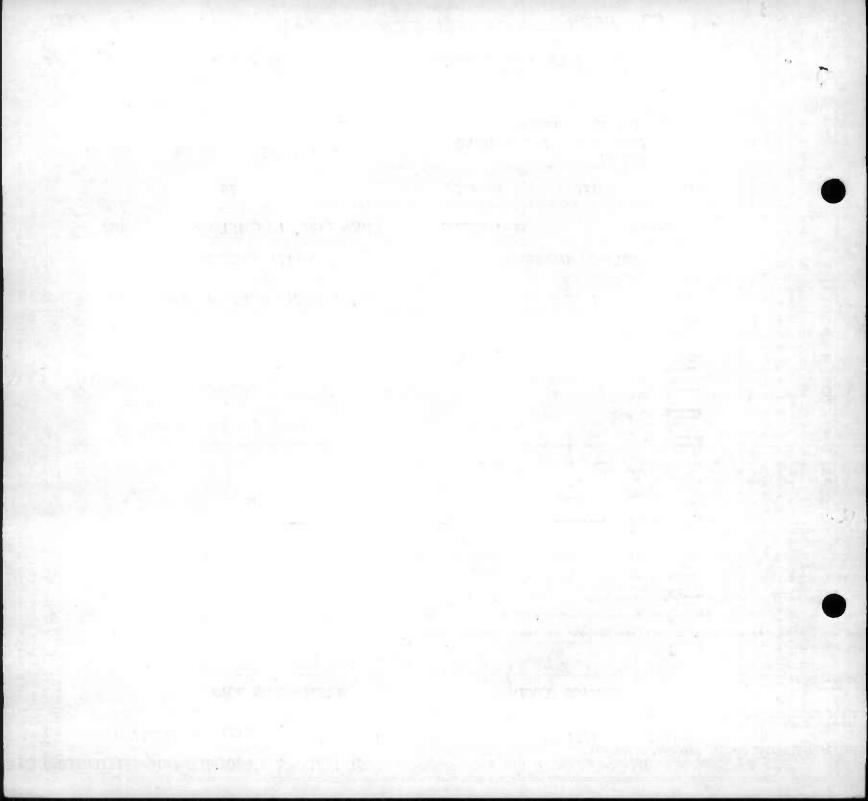
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THE DESCRIPTION OF THE PROPERTY OF THE PARTY OF THE PARTY

V\$ 150-REV. 1/1/65

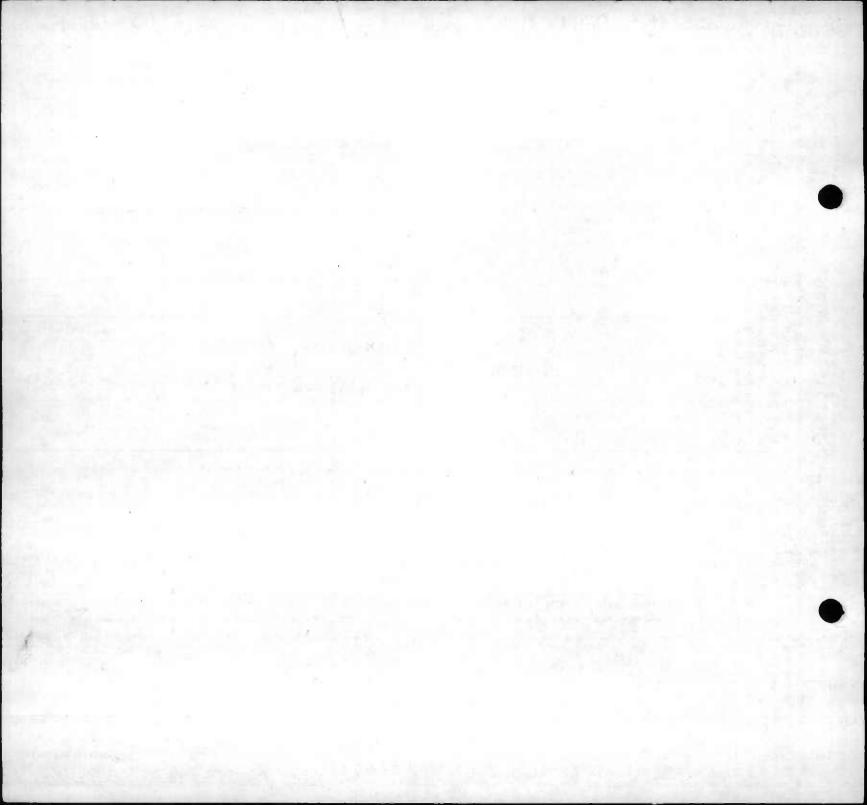


VS 150-REV, 1/1/65

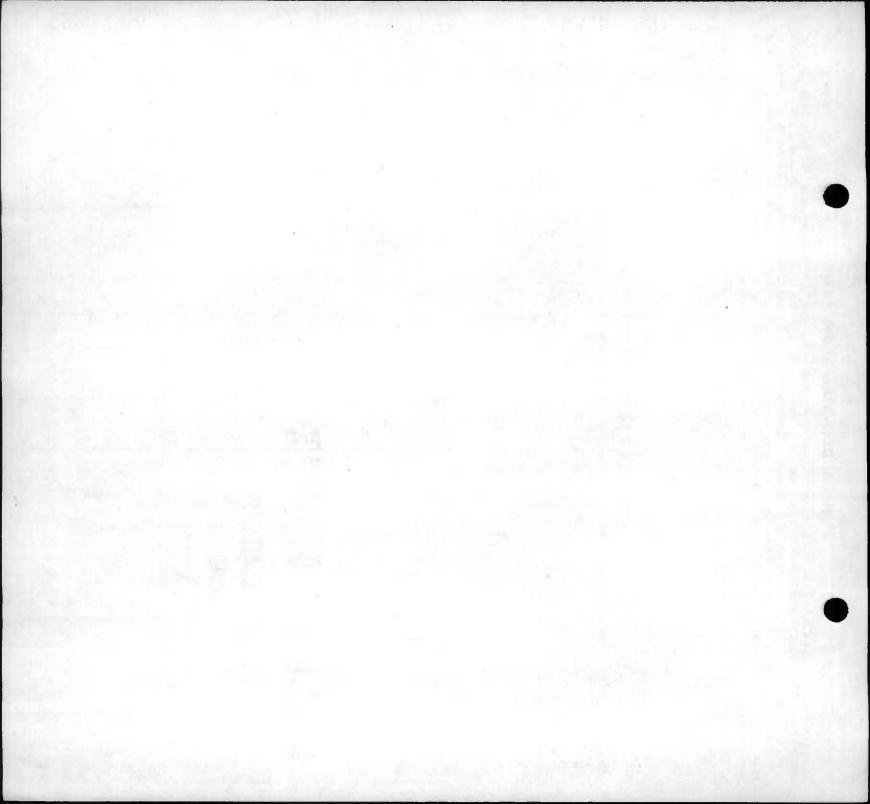


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the M deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

05 0004	BALTIMORE CITY	HEALTH DEPARTMENT		CE DOO.
BIRTH NO. 65 0664	CERTIFICA	TE OF DEATH	Registered No.	65 U664
N.E. CASE NO.  1. NAME OF DECEASED?		2. DATE A	ND HOUR OF DEATH	
(Type or Print) Ocorge	William H. Stic	9maNN 1/16	165 1:4	SAM M.
3. PLACE OF DEATH IN BALTIMORE, MA			ere deceased lived. If i	nstitution: residence befare admission)
		Innel R	. 11.	
HOSPITAL OR oddress ar lacatio	or institution, give street	C. CITY OR TOWN (If o	OLT/ MURL	RURAL ond give township)
INSTITUTION		11 1/2 14.		tokat ond give jownship
Maryland 6 en	O Klassatel	D. STREET ADDRESS_ (II	f rural, give lacation)	00-00
Muyland 6 en	we it or just	728 06	inkirle	Roal.
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths: Days Haurs Min.
m lal	WIDOWED, DIVORCED (specify)	5/2/97	last birthdoyl	Munits Day's Moors Min.
10A, USUAL OCCUPATION (Give kind of war	108 KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF
dane during most af warking life, even if retired)	Co. D. d. 1.1	2		WHAT COUNTRY?
Jules man	Jeans Roebuck lo	Jollmuse		USA
13. FATHER'S NAME	- /	14. MOTHER'S MAIDEN NA	AME	
Ward Martin	Stregmann	HANNE D	010	
15. Was Deceased Ever in U. S. Armed Fa		17. INFORMANT		ADDRESS
(Yes, na or unknawn) (If yes, give war ar date	es of service) SECURITY NO.		7 . /	- 12 / 1 / 2
YES WW. I	213-09-75781	A Elsie 1	teuch	727 DUNKINK Rd
18. /4 7 X	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DI	RECTLY	1	1011-1	ONSET AND DEATH
LEADING TO DEATH	in I'u	Immary la	count	
(This does not mean the mode of			B	
heart failure, asthenio, etc. It means injury or complication which caused			near	o sangress
ANTECEDENT CAUSES		anoma		11
	DUE TO			
DISEASES OR CONDITIONS, if				
UNDERLYING CONDITION lost.	(0)	00,000,000,000,000,000,000,000,000,000	######################################	***************************************
			-	
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING O.	un Europha	sema	
OTHER SIGNIFICANT CONDITIONS ( TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING	ATED TO THE JUNION		1	
	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	la) 20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONWAS PER		400	IN CERTIFYING C	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n or about 21 C. WHERE DID	(If in Baltima	re City, give exact lacation)
OR CONTRIBUTING CAUSE OF	hame, farm, foctary, street, a	ffice bldg., INJURY OCCUR?	(1) (1) 00(11)(0	ic only, give exact tocomen,
U	etc.)			
OF INJURY (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)	While At Nat Whi Wark At Work			
			/	. / 1/
22. I certify that (I) (this hospita	/ /		19 65 to	1/16 19 65,
that (I) (we) lost sow the decease	ed alive on 1/Z3	19 65 ond t	hat in (my) (our) ap	inlon death occurred on the date
ond hour and fram the couses sta	Ted obove. (1) (We) (dld) (did not)	view the body after death.	•	
23A. SIGNATURE				23 B. DATE SIGNED
12/1 1 /	7 6. ( M.D. AH	ending Med. Director	Stoff Phys.	1/16/65
I Muly 17. On	Phy	s. Director	Phy s.	110161
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS		
Philip A.	1. NS/Ry & M.D.	Mo. 6 en	ul Husp	. tol
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CR	EMATORY 24D.	LOCATION (C	City, town, or county) (State)
ROMOVAL (Specify)	1- Ba - 11/2		1	M
WORIAL 1-11-	65 BALTO. NATI	onge 6	ACTIMOR	E. MD.
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAN	25C. FUNERAL DIRECTO	OR //	ADDRESS
JAN & U 1303	Total C. Total	ULLRICH Y	UNERAL NO	el FACTO, MA,
VS 150-REV. 1/1/65				



BIRTH I		BALTIMORE CITY	HEALTH DEPARTMENT		65 0000
		CERTIFICA	TE OF DEATH	Registered Na	65 0665
1. NAM	CASE NO. AE OF DECEASED	1	2. DATE A	ND HOUR OF DEATH	45
(Type o	FMMA MAY	LEE	1-	17-65	3 -A
3. PLA	CE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (WH		stitution: residence before admissio
			MARYLAN	2	1-6-103
HOS	L NAME OF (If not in hospital or insti SPITAL OR oddress or location)	itution, give street			URAL and give township)
INST	TITUTION	: HarrilaL			
	Union Memoria	L 1703 pilla	D. STREET ADDRESS (		
			3411 MAYEL	ELD AVEX	SLE
S. SEX		ARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 H
1	2 W	DOWED, DIVORCED (specify)	9-07-09	lost birthdoy)	Months Doys Hours Min.
10A, US	SUAL OCCUPATION (Give kind of work 108, K	IND OF BUSINESS OR INDUSTRY		reign country)	12 CITIZEN OF WHAT COUNTRY?
done du	uring most of working lile, even if retired)		1		and the same
	Teacher		MALYLAND		USH
	THER'S NAME		14. MOTHER'S MAIDEN N.	AME	
1	WILLIAM S. LE	E	MARYD	ONAHUE	
IS. Wor	Deceased Ever in U. S. Armed Forces? o or unknown) (If yes, give war or dates of so	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(100)110	give war at account	- SECONIII NO.	Chart - U	wine Men	norial HOSPITTS
18.	8 8 4 7	CAUSE O		10/010 1121	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	1	- 1- 1	- 10 2 10 6/	ONSET AND DEATH
	LEADING TO DEATH	mass	ive remont	age, with	ceretal
	his does not mean the mode of dying		Lem Sused	6 214 /11	o un to Rith
	eorl foilure, osthenio, etc. It meons the d rivry or complication which coused death		To I I I	0, -	La col La Con
	ANTECEDENT CAUSES	(B)	the very a	a c mo	2012(01)
0	ISEASES OR CONDITIONS, if ony,	DUE TO	prostice.	0.000 /0	ander oui
	se to the obove couse (A) stotin		rearled w	wer or	and state fig.
1.17	NDERLYING CONDITION Iosi.			11.0	
0			murfule c	right + key	of venture
_	II.	Corcle			
NO O	II  OTHER SIGNIFICANT CONDITIONS CONTR O THE DEATH BUT NOT RELATED		estables.	1 marse	e huhanay ece
ATION	O THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE	Territmal	masno	e puhanay ece
CATION	O THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE N FOR WHICH OPERATION	Temel mal	Magne-	e puh anay sca indings considered uses of death?
ERTIFICATION	O THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  A. DATE OF OPERATION   198. CONDITION WAS PERFORME	TO THE		IN CERTIFYING CAL	JSES OF DEATH?
CERTIFICATION	O THE DEATH BUT NOT RELATED  INSEASE OR CONDITION CAUSING IT.  A. DATE OF OPERATION 198. CONDITION  WAS PERFORME  A. ACCIDENT WAS UNDERLYING  R CONTRIBUTING CAUSE OF	TO THE  N FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or about 21 C. WHERE DID	IN CERTIFYING CAL	EINDINGS CONSIDERED USES OF DEATH?  City, give exoct locotion)
CAL CERTIFICATION	O THE DEATH BUT NOT RELATED  INSEASE OR CONDITION CAUSING IT.  A. DATE OF OPERATION 198. CONDITION  WAS PERFORME  A. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF  EATH (notify medical examine)	TO THE  N FOR WHICH OPERATION  D    218. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	JSES OF DEATH?
EDICAL CERTIFICATION	O THE DEATH BUT NOT RELATED  INSEASE OR CONDITION CAUSING IT.  A. DATE OF OPERATION 198. CONDITION  WAS PERFORME  A. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF EATH (notify medical examiner)  D. TIME (Month) (Doy) (Year) (Hou	TO THE  N FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)  218. INJURY OCCURRED	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	JSES OF DEATH?
MEDICAL CERTIFICATION	O THE DEATH BUT NOT RELATED  INSEASE OR CONDITION CAUSING IT.  A. DATE OF OPERATION 198. CONDITION  WAS PERFORME  A. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF  EATH (notify medical examine)	TO THE  N FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)  218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)  Not While At Not While	n or obout 21C. WHERE DID ffice bidg., NJURY OCCUR?	(If in Boltimore	JSES OF DEATH?
WEDICAL CERTIFICATION  WEDICAL CERTIFICATION  (A)  WEDICAL CERTIFICATION	O THE DEATH BUT NOT RELATED  JISEASE OR CONDITION CAUSING IT.  A. DATE OF OPERATION 198. CONDITION  WAS PERFORME  A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF  EATH (notify medical examiner)  D. TIME (Month) (Day) (Year) (House)  LINE (Month) (Day) (Year) (House)	TO THE  N FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)  218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)  218. INJURY OCCURRED  While At Not While At Work	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimore	JSES OF DEATH?  City, give exoct locotion)
MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  OF TOTAL CERTIFICATION  (A 222	O THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  A. DATE OF OPERATION 198. CONDITION WAS PERFORME  A. ACCIDENT WAS UNDERLYING RONTRIBUTING CAUSE OF EATH (notify medical examiner)  D. TIME (Month) (Day) (Year) (Hour Finjury PPROX.)	TO THE  N FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., index of the deceased fram	n or about 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimore	JSES OF DEATH?  City, give exoct locotion)
MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  (VA)  (V	O THE DEATH BUT NOT RELATED  JISEASE OR CONDITION CAUSING IT.  A. DATE OF OPERATION 198. CONDITION  WAS PERFORME  A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF  EATH (notify medical examiner)  D. TIME (Month) (Day) (Year) (House)  LINE (Month) (Day) (Year) (House)	TO THE  N FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., index of the deceased fram	n or about 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimore	JSES OF DEATH?  City, give exoct locotion)
MEDICAL CERTIFICATION  (A  22  the	O THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  A. DATE OF OPERATION 198. CONDITION WAS PERFORME  A. ACCIDENT WAS UNDERLYING RONTRIBUTING CAUSE OF EATH (notify medical examiner)  D. TIME (Month) (Day) (Year) (Hour Finjury PPROX.)	TO THE  N FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., interpretation)  21B. PLACE OF INJURY (e.g., interpretation)  21B. PLACE OF INJURY (e.g., interpretation)  21B. INJURY OCCURRED  While At Mile At Work  At Work  Anded the deceased fram  1 - 1 7	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimore	Gity, give exoct locofion)
WEDICAL CERTIFICATION  TO DE CONTROL OF THE CATION  TO DE CONTROL OF THE C	O THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  A. DATE OF OPERATION 198. CONDITION WAS PERFORME  A. ACCIDENT WAS UNDERLYING   R CONTRIBUTING   CAUSE OF EATH (notify medical examiner)  D. TIME (Month) (Doy) (Year) (Hour PROX.)  P. I certify that (his haspital) attempt (we) last saw the deceased alignment.	TO THE  N FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., in the land of the	21 F. HOW DID IN 19 6 5 and where bady after death	(If in Boltimore	Gity, give exoct locotion)
MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  (VA. C.	O THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  A. DATE OF OPERATION 198. CONDITION WAS PERFORME  A. ACCIDENT WAS UNDERLYING   R CONTRIBUTING   CAUSE OF EATH (notify medical examiner)  D. TIME (Month) (Day) (Year) (House F INJURY (PPROX.)  2. I certify that (F (this haspital) attended to the course stated about and from the causes are caused and from the cause stated about and from the cause st	TO THE  N FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., in the land of the	21F. HOW DID IN 19	(If in Boltimore	JSES OF DEATH?  City, give exoct locotion)  19 6  anian death accurred an the death accurred accurred accurred an the death accurred
WEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CARTIFICATION  TO THE CARTIFICATIO	O THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  A. DATE OF OPERATION 198. CONDITION WAS PERFORME  A. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF EATH (notify medical examiner)  D. TIME (Month) (Doy) (Year) (House Indian Control of the Control	TO THE  N FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)  218. INJURY OCCURRED  While At Not While At Work  Anded the deceased fram  Doave. (1) (We) (did) (did not)	21F. HOW DID IN 19	(If in Boltimore  NJURY OCCUR?  1965 ta  that in (**) (aur) apir	SES OF DEATH?  City, give exoct locotion)  19 6
WEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CARTIFICATION  TO THE CARTIFICATIO	O THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  A. DATE OF OPERATION 198. CONDITION WAS PERFORME  A. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF EATH (notify medical examine)  D. TIME (Month) (Day) (Year) (Hour FINJURY (APPROX.))  2. I certify that (This haspital) attention to the course stated at the cou	TO THE  N FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., index) form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., index) form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., index) form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., index) form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., index) form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., index) form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., index) form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., index) form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., index) form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., index) form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., index) form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., index) form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., index) form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., index) form, foctory, street, on etc.)  218. PLACE OF INJURY OCCURRED  While A1	n or obout 21C. WHERE DID ffice bidg., NJURY OCCUR?  21F. HOW DID IN 19	IN CERTIFYING CAL  (If in Boltimore  AJURY OCCUR?  That in ( ( aur) apir	JSES OF DEATH?  City, give exoct locotion)  19 6  anian death accurred an the death accurred accurred accurred an the death accurred
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WEDICAL CERTIFICATION  MEDICAL CERTIFICATION  TO DE CONTROL CO	O THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  A. DATE OF OPERATION 198. CONDITION WAS PERFORME  A. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF EATH (notify medical examine)  D. TIME (Month) (Day) (Year) (Hour FINJURY (APPROX.))  2. I certify that (This haspital) attention to the course stated at the cou	TO THE  N FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., index) form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., index) form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., index) form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., index) form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., index) form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., index) form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., index) form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., index) form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., index) form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., index) form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., index) form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., index) form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., index) form, foctory, street, on etc.)  218. PLACE OF INJURY (e.g., index) form, foctory, street, on etc.)  218. PLACE OF INJURY OCCURRED  While A1	n or about 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID IN  19 6 5 and  view the bady after death  ending Med. Director 1  23D. ADDRESS  WWION MED  EMATORY 24D.	(If in Boltimore  UURY OCCUR?  1965 ta that in ( (aur) apir	City, give exoct locotion)  L - 17 19 6 S  prian death accurred an the d  23B. DATE SIGNED  L - 17-6 S  (SP 17-6 L  Ty, town, or county) (State
NOTO TO	O THE DEATH BUT NOT RELATED  DISEASE OR CONDITION CAUSING IT.  A. DATE OF OPERATION 198. CONDITION  A. ACCIDENT WAS UNDERLYING  R CONTRIBUTING CAUSE OF  EATH (notify medical examine)  D. TIME (Month) (Doy) (Year) (House IN)  PROX.)  P. I certify that (his haspital) attents  att (we) last saw the deceased aligned had a signature  A. SIGNATURE  C. PHYSICIAN'S  NAME (Type)  Lawrence J. Lieberms  SURIAL CREMATION, 248. DATE  BIURIAL CREMATION, 248. DATE	TO THE  N FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., index) of the property of the prope	n or about 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID IN  19 6 5 and over the bady after death or one of the bady after death of the bady	(If in Boltimore  UURY OCCUR?  1965 to that in(s) (aur) apir  Stoff Phys.  LOCATION (Citation Md.	City, give exoct locotion)  19 6 Section of the description of the des
NOITO TO T	O THE DEATH BUT NOT RELATED  DISEASE OR CONDITION CAUSING IT.  A. DATE OF OPERATION 198. CONDITION  A. ACCIDENT WAS UNDERLYING  R CONTRIBUTING CAUSE OF  EATH (notify medical examiner)  D. TIME (Month) (Doy) (Year) (Hour in the cause of the	TO THE  N FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., independent of the control of the con	n or about 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID IN  19 6 5 and  view the bady after death  ending Med. Director 1  23D. ADDRESS  WWION MED  EMATORY 24D.	(If in Boltimore  UURY OCCUR?  1965 to that in(s) (aur) apir  Stoff Phys. LOCATION (Citation)  eltimore, Md.	City, give exoct locotion)  1-17 19 6 Section of the description of th
WEDICAL CERTIFICATION  AEDICAL CERTIFICATION  TO DE CATOMIC CA	O THE DEATH BUT NOT RELATED  DISEASE OR CONDITION CAUSING IT.  A. DATE OF OPERATION 198. CONDITION  A. ACCIDENT WAS UNDERLYING  R CONTRIBUTING CAUSE OF  EATH (notify medical examine)  D. TIME (Month) (Doy) (Year) (House IN)  PROX.)  P. I certify that (his haspital) attents  att (we) last saw the deceased aligned had a signature  A. SIGNATURE  C. PHYSICIAN'S  NAME (Type)  Lawrence J. Lieberms  SURIAL CREMATION, 248. DATE  BIURIAL CREMATION, 248. DATE	TO THE  N FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., index) of the property of the prope	n or about 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID IN  19 6 5 and over the bady after death or one of the bady after death of the bady	(If in Boltimore  UURY OCCUR?  1965 to that in(s) (aur) apir  Stoff Phys. LOCATION (Citation)  eltimore, Md.	City, give exoct locotion)  19 6 9  10 17 6



23C. NAME of CEMETERY OF CREMATORY

Gardens of Faith

248 NAME OF REGISTRAR

23D. LOCATION

24C. FUNERAL DIRECTOR

Overlea, Md.

Ullrich Funeral Home 2112 Dundalk Ave.

(City, town, or county)

(Stote)

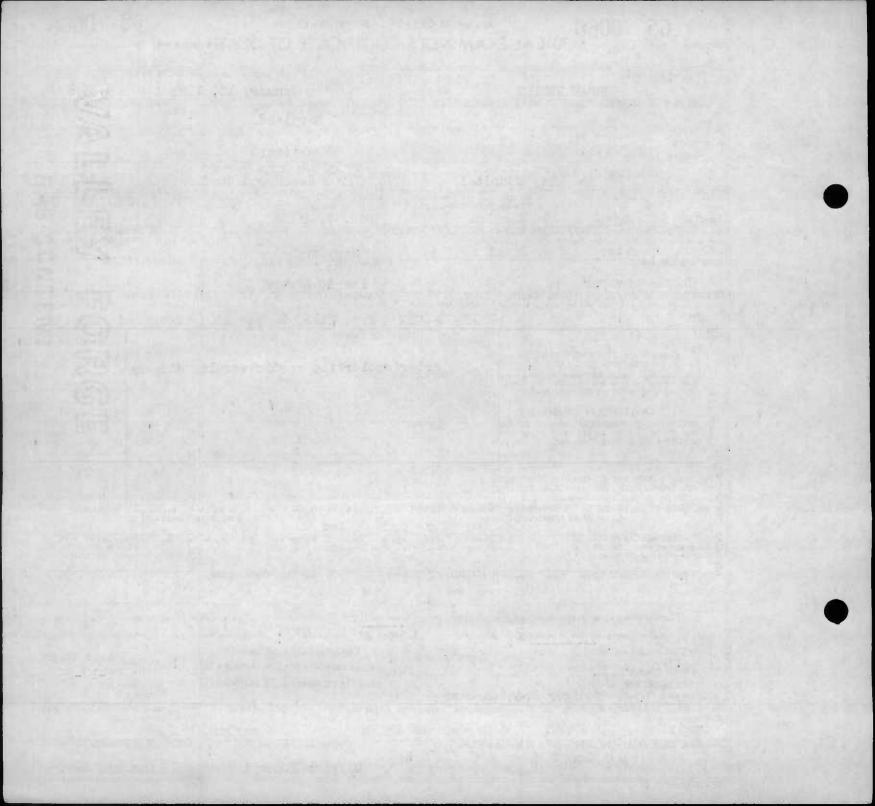
VS 151-REV. 1/1/65

23A. BURIAL CREMATION,

REMOVAL (Specily)
Burial

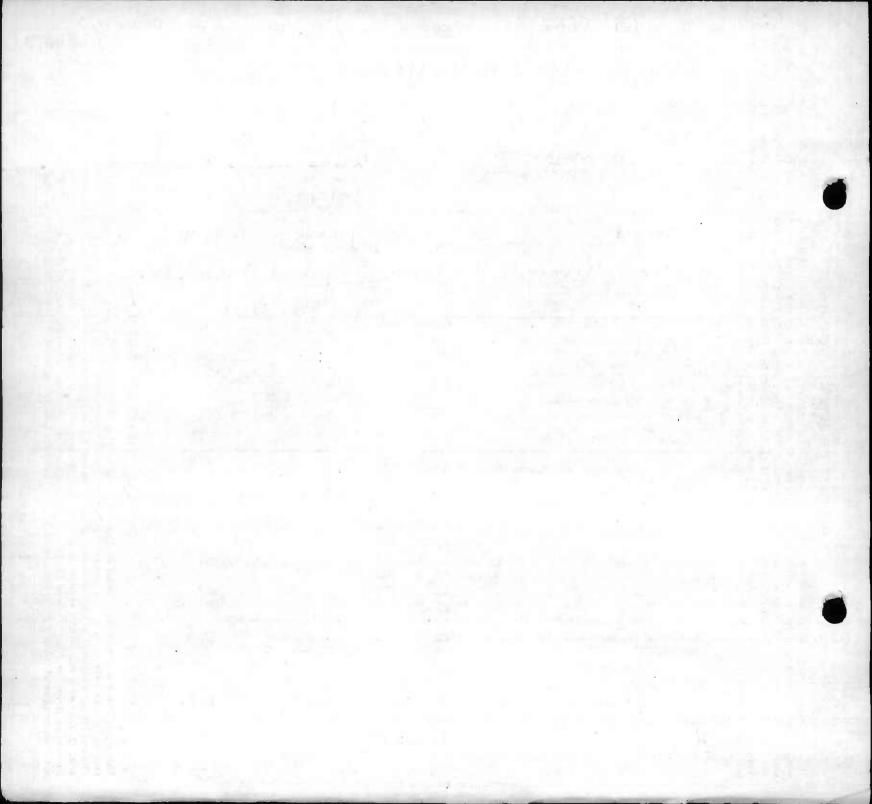
23B. DATE

1/19/65



## This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, 5 and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

0.5	BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO. 65 0667	CERTIFICATE OF DEATH Registered No. 102-91.5
M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) n Keeler hear	William3 1-16 18:15 A M.
3. PLACE OF DEATH IN BALTIMORE MARYLAND	A. USUAL RESIDENCE (Where deceosed lived. If institution; residence before odmission) A. STATE B. COUNTY
	0.4
FULL NAME OF (If not in hospitol or institution, give s HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
LINSTITUTION tal her the Worke	m of Baltein one
Hoth.	D. STREET ADDRESS (If rurol, give location)
Wayland.	2605 Elsimore ane
5. SEX 6. RACE 7. MARRIED, NEV	ER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
IM W	3-9-1880 84
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS done during most of working life, even if refired)	INESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Retired	Frederick Co Wid U.S.A
13. FATHERS NAME	14, MOTHER'S MAIDEN NAME
Anthony Rimmell W	Wirems Elizabeth arm Dean
	SOCIAL SECURITY NO. 17. INFORMANT
( ) Since of disking with [ ] ( ) Since of the contract of the	Man W. Rendy -2605 Elsings Chris
18. 8 3 1 9 1 5 4 V	CAUSE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	DUE TO 20 Calours levoles Cadrova
(This does not mean the made of dying, e.g., hearl failure, asthenia, etc. It means the disease,	DUE TO 20 Calours levote Carpiovas
injury ar camplication which caused death.)	No les Marine.
ANTECEDENT CAUSES	(B)
DISEASES OR CONDITIONS, if any, giving	
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)
11	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	De
O THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Carenown of the Joshontestral truit.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED 21B. PLA. ACCIDENT WAS UNDERLYING 21B. PLA.	CH OPERATION 20A PAUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLA	CE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, for DEATH (notify medical examiner)	im, foctory, street, office bldg., INJURY OCCUR?
	URY OCCURRED 21F. HOW DID INJURY OCCUR?
S OF INJURY	
(APPROX) Work	At Work
22. I certify that (I) (this hospital) attended the de	eceased from
that (1) (we) last saw the deceased alive an	8-15 Am 1-1619 65 and that in(my) (aur) opinion death accurred on the date
and have and from the causes stated above. (1) (W	e) (did) (did not) view the body after death.
23A. SIGNATURE	23 B. DATE SIGNED
Gegeth W. Opans	M.D. Attending Med. Stoff Phys 16-65
23C. PHYSICIANS	23D. ADDRESS
CONGELLIA TOPI	seed m.o. Women's Anfall, Palls 17 histo
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	of CEMETERY of CREMATORY 24D. LOCATION (City, town, of county) (Stote)
BURIAL 1-19-65 MT.	OLIVET FREDERICK, MARYLAND
25A. DATE REC'D BY HEALTH DEPLOT 258. NAME OF A	
3411 40 1303 (18 Part E	Solly M. D. SOLLEN DIRECTOR ADDRESS JOHN O. MITCHELL & SONS 1900 ENTAW PLACE BALTO, MD,
VS 150-REV. 1/1/6S	



65	0668	N/CO BA	ALTIMORE CITY	HEALTH DEPART	MENT	CE	0000
		YES C	FRTIFICA	TE OF DE	ATH Registered	No. 00	0668
M.E. CASE NO.	9333					* 4 * 11	
1. NAME OF DECEAS		D	D.,	2.	DATE AND HOUR OF D	_	. EO DM
3. PLACE OF DEATH		TTE BYERS	DURRIS	HA HICHAL BECIDE	1-16-65 NCE (Where deceased live		:50 PM M
3. PLACE OF DEATH	IN BALTIMORE, MA	RILAND		A. STATE	B. COUNTY	d. If institution; fest	igence betate damission)
FULL NAME OF	(If not in hospital	or institution, give stree	t	MARYLAN	ID		
HOSPITAL OR	address or lacotion				(If outside city limits,	write RURAL and	give tawnship)
				7000	SON		53-00
	JOHNS HO	PKINS HOS	PITAL	D. STREET ADDRE		on)	
				311 LE	ENOX AV3.		
5. SEX 6. R	ACE	7. MARRIED, NEVER		8. DATE OF BIRTH	9. AGE (In year	s If Under 1	1 Yr. II Under 24 Hrs. Days Hours Min.
FEMALE	NEGRO	WIDOWED, DIVOR	CED (specify)	10/25/	OS4 lost birthday	Months	Days Hours Min.
		108 HIND OF BUSINES	S OR INDUSTRY	11. BIRTHPLACE (SE	ate or foreign country)	12. CITIZE	N OF
done during most al work		12-45	) 10	0	or or reiorgii coomiy,	WHAT	COUNTRY?
Mone	rter	sevat V	annlis	ra.		00	JA.
13. FATHER'S NAME				14. MOTHER'S MA	IDEN NAME		
61 4 1/				11.00	1/-		
15, Wos Deceased Eve	in U. S. Armed For	ces? 16. SOC	IAL	17. INFORMANT	,		ADDRESS
(Yes, no or unknown) (If			URITY NO.		1 0		4 . C
no		2/13-	30,0333	Irene!	Jughy- SL	3 n. C	aroline &
18.	201	>-,	CAUSE O	P DEATH	0		TERVAL BETWEEN
DISEASE C	R CONDITION DIE		E. E.			0	NSET AND DEATH
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	mean the made of nenia, etc. It means	dying, e.g.,	H AND TO				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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UNDERLYING C	ONDITION lost.	AT	138				
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O THER SIGNIFICA	H BUT NOT RELA	ONTRIBUTING	14	rteriosol	lo nerses		
DISEASE OR COL	ADITION CAUSING I	T. 📅 🗸	45		~~~		
19A. DATE OF OP	ERATION 198. CON	DITION FOR WHICH	PERATION	20A. AUTOPSY?	(Yes or No) 208. IF YES, V	WERE FINDINGS OF	ONSIDERED
EK		/		YES			
U 21A. ACCIDENT	WAS UNDERLYING	21B. PLACE	OF INJURY (e.g., i	n or about 21 C. WHE ffice bldg., INJURY C	RE DID (II in Bo	oltimare City, give	exoct location)
<b>▼ DEATH</b> (natily me	dical examiner	etc.)	0	2	11 / 2	11.8	93 00
D 21D. TIME (M	onth) (Day) (Year)	(Hour) 21E INJURY	OCCURRED	21F. HOW	DID INJURY OCCUR	111	1. willea
S OF INJURY	11 15	YS While At	Not Whil		Gorden I. M	7100 - 261	Dores
LAPPROXICE (	66 05	PM. Work	At Work	X Mu	medica cer	ora ex	J- vice ce
	t (1) (this hospital	) ottended the deced	sed from 1	:00 P 1-	16 19 65 10	<del>(+))</del> 1-1	6 1965
that (1) (we) los	t sow the decease	d olive on JA	NUARY 1	6, 19 65	ond that in (my) (our	r) opinion death	occurred an the dot
						, , , , , , , , , , , , , , , , , , , ,	
23A. SIGNATURE	om the couses sto	ted obove. (I) (We) (	did) (did not) v	new the body offe	or deoth.	23B. DATE	CICNED
23A. SIGNATURE	10	P 1	M.D. Atte	ending Med	Stell 55		
1/M	chael 7	lock	Phy	s. Dire	Stoll Phys.	1-16	-65
23C. PHYSICIAN'S NAME (Type)				23D. ADDRESS			
	ICHAEL L	ESCH	M.D.	JOHN:	S HOPKINS H	OSPITAL	
24A. BURIAL CREMA			CEMETERY OF CR		24D. LOCATION	(City, town, or	county) (State)
20VAJ (Spec	Polln.	- 00.	1 V	2. X	70-0	V2 14	- (- 1,
Plur	08 11216	) /llar	an 1	Clari	1 02020	, Dull	1. Co, WV
ZOA. DATE REC'D BY	HEALTH DEPT.	25B. NAME OF REGIS	RAR	25C. FUNERAL	DIRECTOR 1-	1-	ADDRESS
JAI	1 20 1300 (	Lower E. Vi	Jukey M. W.	Umile-	le brillian fr	-1701	Mã Cul
VS 150-REV. 1/1/65	Ny XO	22			Pralte	and	•

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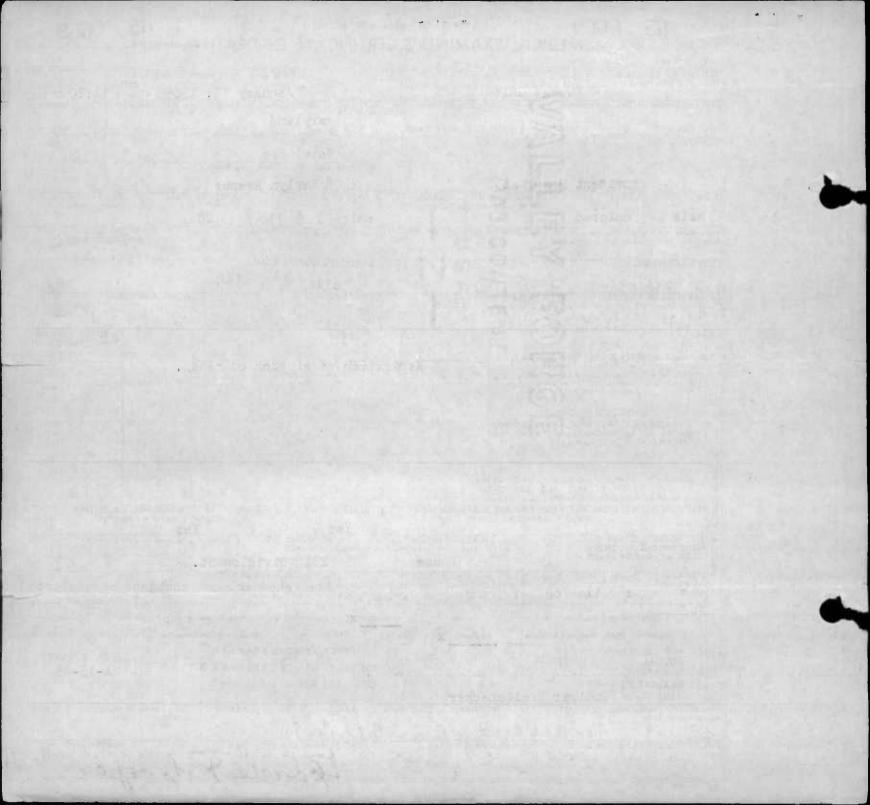
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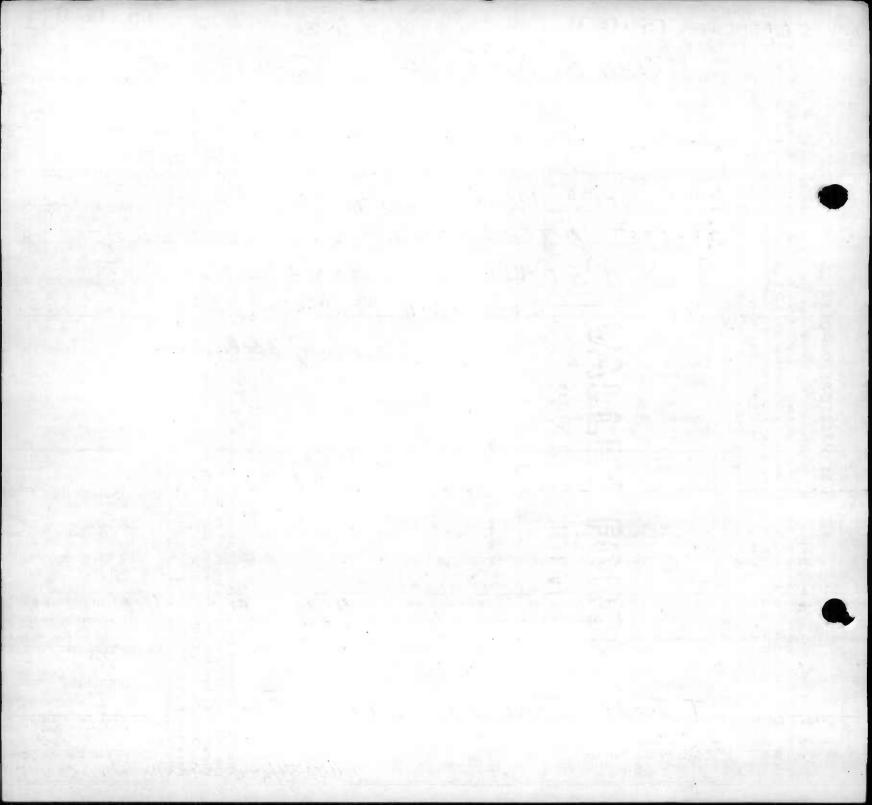
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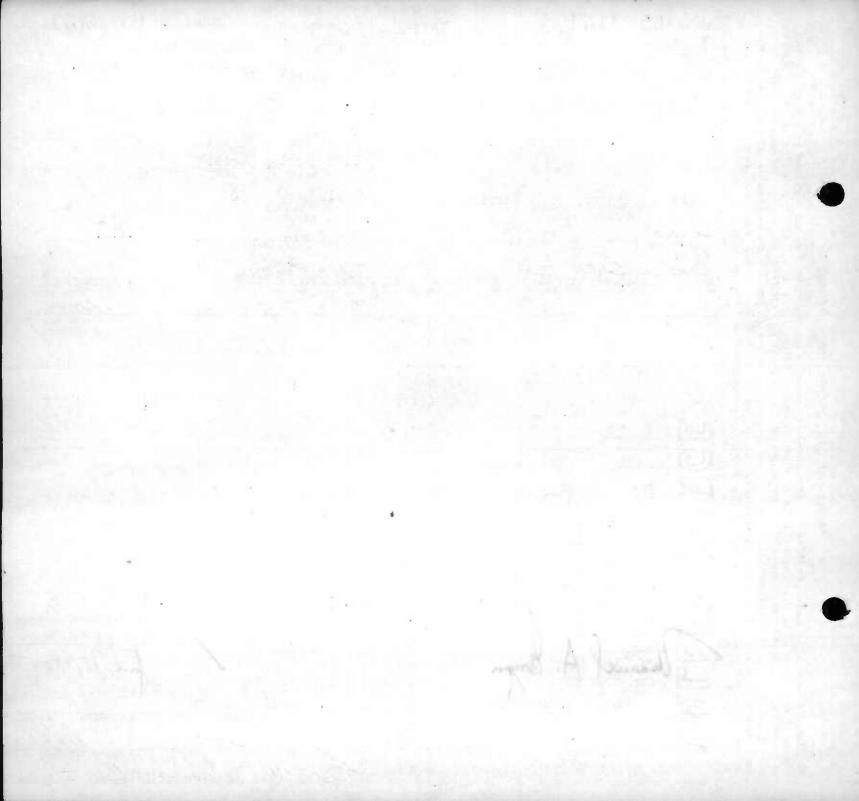
Johns Topkan Mores for

	65 0669 BALTIMORE CITY HEAD	LTH DEPARTMENT 65 0669
G.600	MEL CASE NO. 583-4 MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
	KOLMAN GRAY  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	January 12, 1965 11:20 p. M.  [4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
SHE STREET, LINE		A. STATE Maryland
39	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore
31		D. STREET ADDRESS (If rurol, give location)
	Provident Hospital	2408 Roslyn Avenue
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months   Days   Hours   Min.
	male colored	Mec. 23,1937 28
	10A. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTR' done during most of working life, even il retired)	Y11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	Clare Conten
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Elsu Carter 2408 Roslyn av
	118.	E OF DEATH INTERVAL BETWEEN
	V= 7 × 3,10	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Aspir	ration of stomach contents.
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
No. of the last of		
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	(C)	
	OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  Yes  Yes
	ZIA, EXTERNAL CAUSE WAS 218, PLACE OF INJURY (e.g., bame, farm, foctory, street,	in or obaut 21C, WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
	UTING CAUSE OF DEATH. etc.) House	2318 Division St.
	The state of the s	Aspirated stomach contents precipitated by drinking
	22.	
		topsy ond that on this bosis, death in my opinian
10 - Co - N	resulted from: Notural couses Accident X Suicid	He Homicide Undetermined monner C
3	ACTUAL //S/ON IN IN	DATE SIGNED
	SIGNATURE EXAMINER'S	ASSISTANT MEDICAL EXAMINER A  ASSOCIATE MEDICAL EXAMINER
men out.	NAME (Type) Rudiger Breitenecker	
7-4	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	A 40
	Burial 1-18-63 Baltimore	Natil. Cent.
The state of the s	JAN 20 1965 Reciber E. Schen	January Prince Rus 1512 n. Carrollton A
	VS 151-REV. 1/1/65	- paras 1 gargo



	BALTIMORE CITY	HEALTH DEPARTMENT		65 0670
BIRTH NO. 65 0670 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	65 0670
1. NAME OF DECEASED (Type or Print) TOHN R. MC	FAUL	Z. DATE AND	HOUR OF DEATH	51
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where B. COUNT	deceased lived. If inst	itution: résidence befare admiss
FULL NAME OF (If not in hospital ar institution, and the state of the		C. CITY OR TOWN (If outsi	de city limits, write RL	JRAL and give township)
BALTO. CITY HOS	PITALS	D. STREET ADDRESS (If ru	rol, give location)	, -
5. SEX   6. RACE   17. MARRIED.	NEVER MARRIED	8. DATE OF BIRTH 19.	AGE (In years	If Under 1 Yr. , If Under 24
MALE WHITE MAR	RIED (specily)	12/9/08 "	st birthday!	Months Doys Hours Mi
10A, USUAL OCCUPATION (Give kind of work 10B, KthD OF dane during most of working life, even if retired)  BELFORT INSTRUME		11. BIRTHPLA CE (State or foreign	country)	12, CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME	=NT 60.	14. MOTHER'S MAIDEN NAM	E	66577
JOHN MC FAUL		ANNAI	DONO	DUE
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknawn) (II yes, give war ar dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	NO -	ADDRESS 3814
NO 216-0	3-4209	MIRS. MIRIAM	MCFAU	L FAIT AU
18. 2/ I	CAUSE O	F DEATH	clusion	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	W	American Dr.	obusia.	
(This does not mean the mode of dying, e.g.,	DUE TO	Howard on		
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				
ANTECEDENT CAUSES	(B)			
	DUE TO	***************************************		**************************************
DISEASES OR CONDITIONS, il ony, giving rise to the obove couse (A) stoting the	(C)			
UNDERLYING CONDITION lost.		இவ்வளங்கள் ஒழுத்து இன்று இருந்து என அந்து இன <sub>இ</sub> து முற்று ஒறு ஒறு இன்று இது இது இது இது இது இது இது இது இது இத		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	A	Burphy Se	und	
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	VHICH OPERATION	20A. AUTOPST? (Yes or No)	20 B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING 21 B.	e, form, factory, street, a	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(II in Baltimore	City, give exact location)
<u>o</u>	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
S OI MOOK!	le At Not Whil		ni occon.	
(APPROX.)	k			
22. I certify that (I) (this hospital) attended th	ne deceased fram	11/2/ 19	Q / 10	1/18 19 6
that (I) (we) last saw the deceased alive an		19 6 J and that	In(my) (our) apini	an death occurred an the
and have and from the couses stated above. (1	(We) (did) (did not)	lew the body after deoth.		
23A. SIGNATURE	whee M.D. Att.	ending Med. S	toff hys.	23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	.,	0
T. JOSEPH JOU HE 24A. BURIAL CREMATION, 124B. DATE 124C, NA	M.D.	441 S. E.L.	LIVOOD	HUE,
BURIAL (Specily) 1/22/65 (	721-12	VN BA	MOCI	MD
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME C		25C. FUNERAL DIRECTOR	27	ADDRESS ADDRESS
VS 150-REV. 1/1/65 ·		XI. W. Mayon	mm JX	OFTUDSON
13 130-86 TO 17 17 03		()		

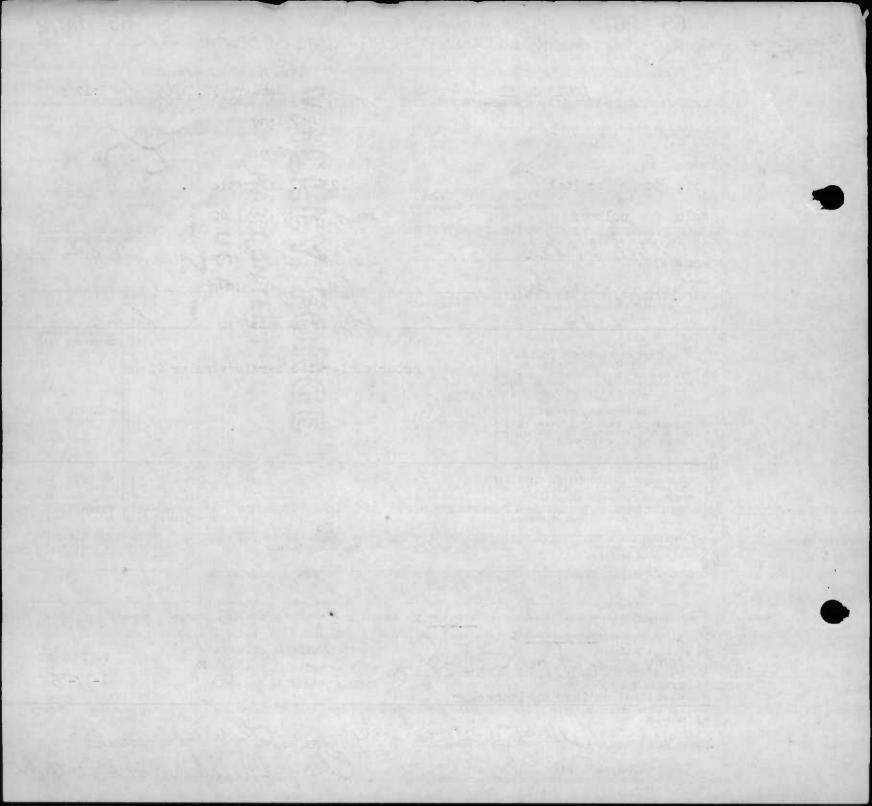




VS 151-REV. 1/1/65

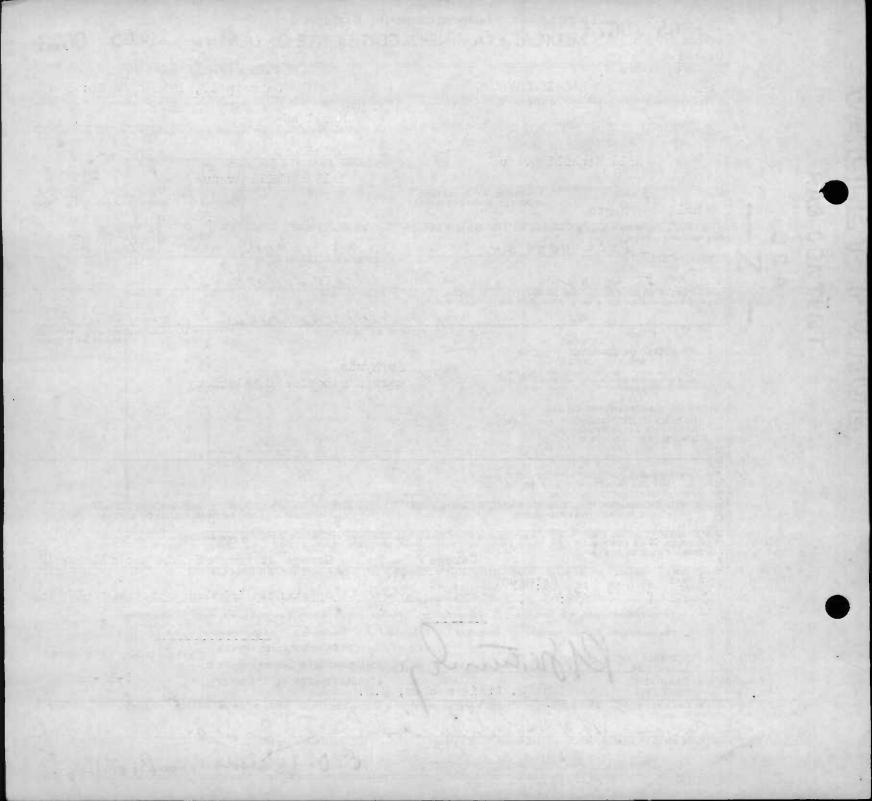
## MAEDICAL EVANABLED'S CEDTIFICATE OF DEATH Parishard N

M.E. CASE NO. 5934/	ICAL EXAMINERS	CERTIFICA	IE OF DEATH Reg	Istered No.
1. NAME OF DECEASED	-		2, DATE AND HOUR PRONOL	INCED DEAD
LOUIS	JONES SIR		January 17, 1	
3. PLACE IN BALTIMORE, MARYLAND, W	VHERE PRONOUNCED DEAD  TAL OR INSTITUTION, GIVE STREET		Maryland	institution: residence before admission)
HOSPITAL OR ADDRESS OR LOCA	ATION)	c. chr ok lo	Baltimore	write RURAL and give township)
St. Joseph Hospital			RESS (If rurol, give locotion)	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	8. DATE OF BIRT	E. Lsfayette St.	
male colored		march 4	-1902 62	
10A. USUAL OCCUPATION (Give kind of word done during most of working life, even if retired)	RING OF BUSINESS OR IND	nostki i sikihplace	to Caroleries	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	0	14. MOTHER'S M	MAIDEN NAME	
15. WAS DECEASED EVEN IN U.S. ARMEE		17. INFORMANT	u Johnson	ADDRESS
(Yes, no or unknown) (If yelf Sive wor or dote	es of services	Ildre A	Larah Dones	Same.
1B. 4 9 9 1 i	C	AUSE OF DEATH	0-	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DE	H (A) A?	rtemiosolero:	tic cardiovascula	r disease
(This does not meon the mode of heart failure, astheria, etc. It means injury or complication which coused	is the disease,		ord	11
ANTECENDENT CAUS DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.	ANY, GIVING DUE TO			
No.	(C)			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON	ELATED TO THE			
19A. DATE OF OPERATION 19B. CON		20A. AUTOPS	Y? (Yes or Not 208, IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
Z 21A, EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB-	218. PLACE OF INJURY home, form, foctory, str	(e.g., in or obout 21C.	WHERE DID (If in Boltimore Cit Y OCCUR?	y, give exoct location)
21 D TIME (Month) (Doy) (Year (APPROX.)	WHILE AT	NOT WHILE	OW DID INJURY OCCUR?	
22. I certify that I held an			nd that an this basis, death	in my apinian
resulted fram: Natural ca	Accident S		ide Undetermined m	anner
ACTUAL SIGNATURE	hu to		MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type) Rudiger	Breitenecker		MEDICAL EXAMINER	1-17-65
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	1965 PAME OF CEME	Cout	23D. LOCATION	(City, town, or county) (State)
JAN 20 1965	24B. NAME OF REGISTRAR  Deleb E. Faile	M.M. 24C. FUNE	RAL DIRECTOR	ADDRESS HARA
VS 151-REV. 1/1/65	4044	Ger	y vicusi	12/000 Krawiejan

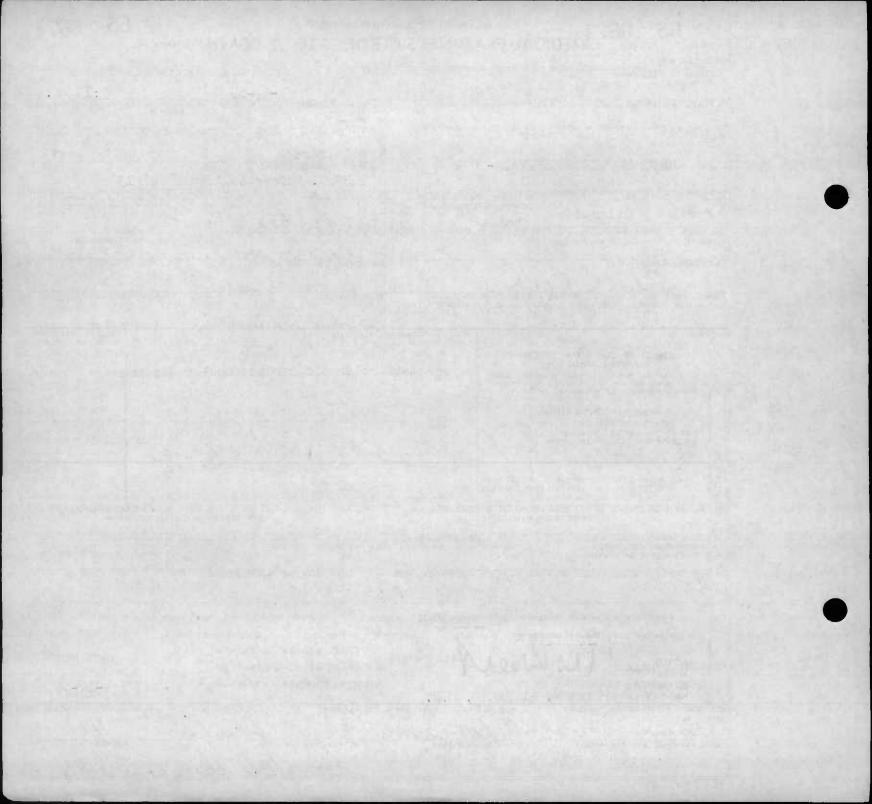


BALTIMORE	CITY	HEALTH	DEPAR	RTMENT

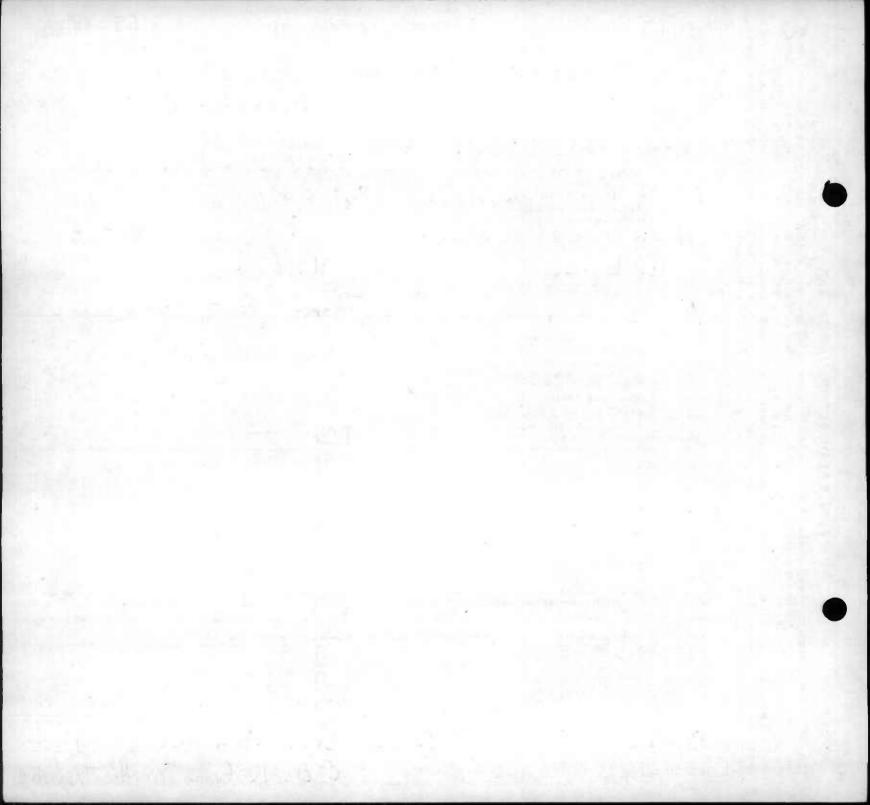
BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.65
M.E. CASE NO. ) 93904	
1. NAME OF DECEASED (Type or Print)  HARRISON YOUNG	January 17, 1965   10:05 A M.
3, PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	A. STATE Maryland B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write BURAL and give township)
INSTITUTION	Baltimore 3
1316 Kenhill Avenue	D. STREET ADDRESS (If rurol, give location)
	1316 Kenhill Avenue
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours Min.
Male Negro	53
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	WHAT COUNTRY?
ITELL WORKER	MARYLIANCE U.SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES YOUNG	ITATTIE ITOPKINS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.	17. INFORMANT ADDRESS
ivo	araselle Jackson 12274 Valles St
18. CAUS	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH  (This does not mean the mode of dying, e.g., bad failure at them the mode of the disease.  DUE TO	phyxia
(This does not meon the mode of dying, e.g., heart failure, ostherio, etc. It meons the disease, injury or complication which coused death.)	rbon monoxide inhalation
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	NOS IN CERTIFYING CAUSES OF DEATH?
	in or obout 21C. WHERE DID (If in Boltimore City, give exect location)
UNDERLYING CAUSE OF DEATH.    Our of the control of	Garage at rear of 1316 Kenhill Avenue
ZID TIME (Month) (Doy) (Yegi) (Hour) 21E. INJURY OCCURRED	
(APPROX.) 1 16 65 Between WHILE AT NOT AT V	WHILE X Apparently inhaled carbon monoxide
22.	
	ond that an this bosis, death in my opinion
resulted from: Natural couses Accident Suicident	
ACTUAL VIANOF	CHIEF MEDICAL EXAMINER DATE SIGNED
	ASSOCIATE MEDICAL EXAMINER 1-18-65
R. Breitenecker,	
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)
BURIAL 1/21/1965 Kalley (1/4)	de (ENT SALEM MI)
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
JAN 20 1965 Onleaf E. Janker M.A.	E. O. Welson 1000 Broth A
VS 151-REV. !/1/65	1000 por



65 0674 BALT	IMORE CITY HEALTH DEPARTMEN	т	65 0674
BIRTH NO. MEDICAL EXAM	MINER'S CERTIFICAT	E OF DEATH Registere	ed No.
M.E. CASE NO. 7593		2. DATE AND HOUR PRONOUNCED	DEAD
(Type or Print)  JACOBIA THO	MAS	1-17-65	1 9.25 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	D DEAD 4. USUAL RESIDI	ENCE (Where deceased lived. If institu	tion: residence before admission)
	A. STATE Marylan	d 8. COUN	ITY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		/N (If autside corporate limits, write	RURAL and give township)
IN STITUTION	Baltimo	re	8-02
JOHNS HOPKINS HOSPITAL - D	OA D. STREET ADDR	ESS (If rural, give location)	
	2403 E.	Lafayette Avenue	21213
5. SEX 6. RACE 7. MARRIED, NEV	ER MARRIED B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs.
Female Colored WIDOWED, DIVO	RCED(specify)	5 19 96 67	Manths Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUS	SINESS OR INDUSTRY 11. BIRTHPLACE (	- /// / / /	12. CITIZEN OF
dane during most of working life, even if retired)	Char	1-101	WHAT COUNTRY?
13. FATHERS NAME	14, MOTHER'S MA	AIDEN NAME	M. S. /F
2.1.601	0.0	, U.	
15, WAS DECEASED EVER IN U.S. ARMED FORCES? 116. S	OCIAL 17. INFORMANT	ia green	ADDRESS
	SECURITY NO.	0	0
$\sim$ $\sim$ $\sim$	Josephine	4/ ellemo	Same
1B.	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			ONSE! AND DEATH
LEADING TO DEATH	(A) Arterioscleroti	c cardiovascular di	60250
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease.	DUE TO	C Car at to vasourar dr	beas
injury or complication which caused death.)			
ANTECENDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING	DUE TO		
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
Z	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING IT.	Too Allangu	A VI NOOD IP WEE SWEEP PIN	DINGS CONSIDERED
198. CONDITION FOR WHICE	TH OPERATION 2004. AUTOPST	(Yes of No) 208. IF YES, WERE FIN IN CERTIFYING CAUSE	
	NO.	/HERE DID (If in Boltimare City, give	e exact location)
O UNDERLYING OR CONTRIB- hame, for	CE OF INJURY (e.g., in ar about 21C. W rm, factory, street, office bldg., INJURY	OCCUR?	. exact lacalidity
The state of the s			
21D TIME (Manth) (Day) (Year) (Hour) 21E. 1	NJURY OCCURRED 21F. HC	OW DID INJURY OCCUR?	
(APPROX.) WHILL WORK			
22		late and the state of the state	
		that on this bosis, death in my	a fort
I certify that I held on Inquiry In			
I certify that I held on Inquiry In			
I certify that I held on Inquiry In	dent Suicide Homici		
resulted from: Notural causes Accid	dent Suicide Homici	de Undetermined monne	
ACTUAL SIGNATURE	Suicide Homici CHIEF MI	de Undetermined monner EDICAL EXAMINER   EDICAL EXAMINER	DATE SIGNED
resulted from: Notural causes Accid	Suicide Homici CHIEF MI M.D. ASSISTANT MI ASSOCIATE M	de Undetermined monne	
ACTUAL SIGNATURE EXAMINER'S NAME (Type) PETER W. RIECKERT  23A, BURIAL CREMATION,   23B, DATE   23C, NA	Suicide Homici CHIEF MI M.D. ASSISTANT MI ASSOCIATE M	de Undetermined monner EDICAL EXAMINER EDICAL EXAMINER EDICAL EXAMINER	DATE SIGNED
ACTUAL SIGNATURE EXAMINER'S NAME (Type) PETER W. RIECKERT  23A, BURIAL CREMATION, 23B, DATE  REMOVAL (Specify)	Suicide Homicion CHIEF MI  M.D. ASSISTANT MI  ASSOCIATE M	de Undetermined monner EDICAL EXAMINER EDICAL EXAMINER EDICAL EXAMINER	DATE SIGNED
ACTUAL SIGNATURE EXAMINER'S NAME (Type) PETER W. RIECKERT  23A. BURIAL CREMATION, 23B. DATE  PEMOVAL (Specify)  Burial  113/1965	Suicide Homici- CHIEF MI M.D. ASSISTANT MI ASSOCIATE M M.D. AME OF CEMETERY OF CREMATORY  AME OF CEMETERY OF CREMATORY	Undetermined monner EDICAL EXAMINER EDICAL EXAMINER EDICAL EXAMINER  23D. LOCATION (City, Buoklyn	DATE SIGNED  1-18-65  town, ar county)  (9010)
ACTUAL SIGNATURE EXAMINER'S NAME (Type) PETER W. RIECKERT  23A. BURIAL CREMATION, REMOVAL (Specify)  Burial  23B. Date  23C. N.  23B. Date  23C. N.	Suicide Homici- CHIEF MI M.D. ASSISTANT MI ASSOCIATE M M.D. AME OF CEMETERY OF CREMATORY  AME OF CEMETERY OF CREMATORY	de Undetermined monner EDICAL EXAMINER EDICAL EXAMINER EDICAL EXAMINER	DATE SIGNED
ACTUAL SIGNATURE EXAMINER'S NAME (Type) PETER W. RIECKERT  REMOVAL (Specify)  Burnal    Certify that I held on Inquiry In Increase	Suicide Homici- CHIEF MI M.D. ASSISTANT MI ASSOCIATE M M.D.  AME of CEMETERY OF CREMATORY CANALY CAN	Undetermined monner EDICAL EXAMINER EDICAL EXAMINER EDICAL EXAMINER  23D. LOCATION (City, Buoklyn	DATE SIGNED  1-18-65  town, ar county)  (9010)
ACTUAL SIGNATURE EXAMINER'S NAME (Type) PETER W. RIECKERT  23A. BURIAL CREMATION, 23B. DATE  PSUMES  113/1965	Suicide Homici- CHIEF MI M.D. ASSISTANT MI ASSOCIATE M M.D. AME OF CEMETERY OF CREMATORY  AME OF CEMETERY OF CREMATORY	Undetermined monner EDICAL EXAMINER EDICAL EXAMINER EDICAL EXAMINER  23D. LOCATION (City, Buoklyn	DATE SIGNED  1-18-65  town, or county)  (State)



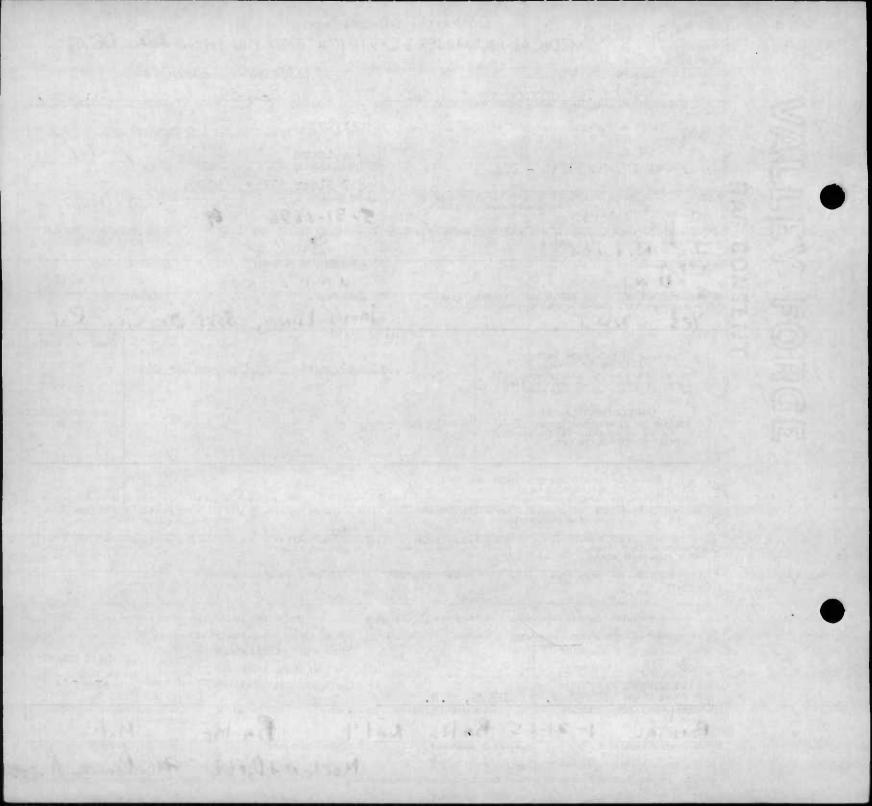
				BALTIMORE CITY	HEALTH DEPARTMENT		()-	
	NO. 65	0675		CERTIFICA	TE OF DEATH	Registered No.	-65	0675
1. NA	AME OF DECEASED	1		MI	2. DATE AN	ID HOUR OF DEATH		1
3. PI	LACE OF DEATH IN	BALTIMORE, MAI	THE AND	read	4. USUAL RESIDENCE (When A. STATE B. COUN	re deceosed lived. If inst	itution: residence	ce before odmission)
H		(If not in hospital a address or location		e street	C. CITY OR TOWN (IF out	Iside city limits, write RU	JRAL ond give	township)
	Home-	3337	Wind	Iser Ane.	D. STREET ADDRESS (III	rurol, give locotion)	An	0
5. SE	6. RAC	E	7. MARRIED, N	EVER MARRIED DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr.	If Under 24 Hrs.
	F	C	WILCOMED,	nwed	Sept. 5, 1879	SS S	Nonins; Doys	Hours , with.
	USUAL OCCUPATION during most of working		108. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN C	
	House	1	1	lone			2.N	. A .
13. F	ATHERS NAME				14. MOTHER'S MAIDEN NA	ME		
	Un	Rnown			Unker	102m		
15. W (Yes,	Vas Deceased Ever in no or unknown) (If yes	U. S. Armed Fore	es? s of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADD	RESS
	No				Thomas.	Scott 11	SN.A	Land ST
	18. 3 3 9,	XI		CAUSE O	DEATH			VAL BETWEEN
		CONDITION DIR	ECTLY	/	2 6 / 1	1	4	
	(This does not me		dying, e.g.,	(A) DUE TO	MEDYOL IN	Vm gan	300	ay >
	heart failure, asther injury or camplication			_	1. 1 . 1.		-	>
		EDENT CAUSES		(B) CO	escota acelo	isis		
	DISEASES OR CO	ONDITIONS, if	ony, giving	001 10	10.16			>
	rise to the abo UNDERLYING CON		slaling the	(C)		විසිත්ව සහ වෙතර විශාව වන වන ඉතිර විශාව ගත සම්බන් කණුණු වෙනවන්ටේ එලා		f marries
1		II						
ATION	OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND	BUT NOT RELA	TED TO THE					
ERTIFICATIO	19A-DATE OF OPERA	ATION 198. CON		IICH OPERATION	20A. AUTOPSY? (Yes or No	ON CERTIFYING CAUS	NDINGS CON SES OF DEATH	SIDERED 1?
0	21A. ACCIDENT WA OR CONTRIBUTING [ DEATH (notify medic	CAUSE OF	21 B. P! home, etc.)	LACE OF INJURY (e.g., in form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exo	et locotion)
SAL I	21 D. TIME (Mont	th) (Doy) (Year)		NJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?		
8	(APPROX)		While	At Work				
1	22. I certify that (	l) (this hospital	ottended the		4 Jan	1965 to 12	Lan	1965
	that (I) (we) last s	saw the decease	d olive on	1/6 Jan	19 6 5 and th	at in(my) (aur) opini	on death oc	curred on the dote
	and hour and from	the couses stat	ed obove. (I)	(We) (did) (did not) v	iew the bady ofter deoth.			
2	23A. SIGNATURE	20	Rumo	M.D. Atte	nding Med.	Stoff Phy s.	23B. DATE SIG	19/65-
3	23C. PHYSICIAN'S NAME (Type)	1	Jun !	7 1	23D. ADDRESS	175.	- 1	
	NAME (Type)	H.C.	BURIN.	ELL M.D.	1974 W	Morth a	N Das	toriks.
24A.	BURIAL CREMATIO	N, 248. DATE	24C. NAM	NE of CEMETERY OF CRE	MATORY 24D. L	OCATION 4City	, town, or cour	nty) (State)
1	BuriaL	1-20-	65 1	MT. CALUD	ry Cemi	Edar Hill		md.
25A.	DATE REC'D BY HE	ALTH DEPT.	258. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	1.0	O A	DDRESS
	JAN	2 U 1965 (	Colored &	Tankey Mill	1 C.O. b	Vilson 1	UOU BrA	when Ane
VS 1	50-REV. 1/1/65						1	



	1	
1	 50	0

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	0676 MEDICA	AL EXAMINER'S	CERTIFICATE OF	DEATH Register	.65. 0676
M.E. CASE NO.	59342		12	ND HOUR COOK	SED DEAD
(Type or Print)	anoaram	TANITRE	2. DATE A	ND HOUR PRONOUNC	ED DEAD
B. PLACE IN BAL	CROCKET CROO	PRONOUNCED DEAD	4. USUAL RESIDENCE (When	17-05 e deceased lived. If inst	titution: residence before admission
				B. COL	UNTY
FULL NAME OF	ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET		ide corporate limits, write	e RURAL and give township)
NSTITUTION			Baltimore	imore  ADDRESS (If rurol, give location)  Elder Alley 21201  BIRTH   9. AGE (In years lost bighday)   If Under 1 Yr. Months, Days  ACE (State or foreign country)   12. CITIZEN OF WHAT COL	11/01
PROVI	IDENT HOSPITAL -	DOA	D. STREET ADDRESS (If ruro	ol, give lacation)	/
			Baltimore  D. STREET ADDRESS (If rural, give location)  817 Elder Alley 21201  ED B. DATE OF BIRTH   9. AGE (in years list) big day)  INDUSTRY   1. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY    14. MOTHER'S MAIDEN NAME  UNIT   17. INFORMANT   ADDRESS  CAUSE OF DEATH   20. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONS IN CERTIFYING CAUSES OF DEATH  Arteriosclerotic cardiovascular disease   10. Autopsy: (Yes or No.) 208. IF YES, WERE FINDINGS CONS IN CERTIFYING CAUSES OF DEATH  NO. JRY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location street, office bldg., INJURY OCCUR?  CURRED   21F. HOW DID INJURY OCCUR?		
Male		AARRIED, NEVER MARRIED OWED, DIVORCED(specify)			If Under 1 Yr, If Under 24 H Months, Days, Haurs, Min.
done during most of	UPATION (Give kind of work 10B. king life, even if retired)	KIND OF BUSINESS OR INDUSTR		ign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA			14. MOTHER'S MAIDEN NAM	ME	
u	NK.		unk.		
5. WAS DECEAS	ED EVER IN U.S. ARMED FOR	CES? 16. SOCIAL service) SECURITY NO.	17. INFORMANT		ADDRESS
Yes	ww I	Services SECORITI NO.	JAMES LONG	. 3705 N	Votoria Rd.
1B.	10 10 1	CAUS	E OF DEATH	37030	INTERVAL BETWEEN
DISEASES RISE TO TH UNDERLYI	ANTECENDENT CAUSES OR CONDITIONS, IF ANY, HE ABOVE CAUSE (A) STATIN NG CONDITION LAST.				
O THE	II  SNIFICANT CONDITIONS CON  DEATH BUT NOT RELATE  OR CONDITION CAUSING IT,				
19A. DATE O	F OPERATION 198, CONDITION WAS PERFORA		20A. AUTOPSY? (Yes or No		
	AL CAUSE WAS				
UNDERLYING UTING CAL	OR CONTRIB-	home, form, factory, street,	office bldg., INJURY OCCUR?		ive exact location)
21D TIME OF INJURY (APPROX.)	(Manth) (Day) (Year) (	WHILE AT NOT AT NOR	WHILE	JURY OCCUR?	
22.	rtify that I held an Inqui	ry Inspection A	utopsy and that an t	his bosis, death In	my opinlan
	Ited from: Natural causes			Undetermined mann	
1030	1 1	John	CHIEF MEDICAL E		
ACTUA		Jeel	ASSISTANT MEDICAL E	_	DATE SIGNED
SIGNAT		M.	ASSOCIATE MEDICAL	NAME OF THE PARTY	1-18-65
NAME	(Type) PETER W. R	IECKERT, M.D.			d.
23A. BURIAL CRI REMOVAL (Speci	(y) 1 211	S BALL A	OF CREMATORY 23D.	A de	, town, or county (State)
100		S, NAME OF REGISTRAR COMMIS	MoctoN +	A	716 Penna Av
VS 151-REV. 1/1	/65		TORTON	)	LES IC INTERNAL



BIRT	H NO.	5 0677 FD		CAMINER'S			ΔTH Registe	ered No	5 0677
	CASE NO.	59355	ICAL LA	AMII VERO C	EKINI ICA				
-	NAME OF DE	CEASED				2. DATE AND HO	OUR PRONOUNC	ED DEAD	-
(Ту	pe or Print)		OND MOOR	E			ry 18, 19		10;20 A.
3. P	LACE IN BALT	TIMORE MARYLAND, W	VHERE PRONOL	JNCED DEAD	4. USUAL RESID				ence before odmission
					A. STATE Marv1		B. COL	INTY	
FUI	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTON, GIVE STREET		WN (If outside cor	porote limits, write	RURAL one	d give township)
	TITUTION	710011200 011 100			D-1-3			14	-0/
		PROVIDENT	HOCDITA	T	Balti	MOTE RESS (If rurol, give	location)	1	
		LKOV IDENI	HOSFITA	.Li					
5, 5	FY	6. RACE	7 AAADDIED	NEVER MARRIED	B. DATE OF BIRT	Linden Ave	AGE (In years	If Under	1 Yr. If Under 24 Hr
				DIVORCED (specify)	63	- 1	ost birthdoy)	Months   E	Doys Hours Min.
	lale	Negro				-1910	50	0	
		UPATION (Give kind of working lile, even if retired)		F BUSINESS OR INDUST	RYIII. BIRTHPLACE	Stote or toreign co	untry)	12. CITIZEN	N OF COLUNTRY?
					/V\ (	CA ·		U	(1).A.
13.	FATHER'S NAM	AE }	i.a		14. MOTHER'S M				
	(,	MArties	W/ C	ore	100	MA M	OOLG		
		ED EVER IN U.S. ARME		16. SO CIAL SECURITY NO.	17. INFORMANT		^	ADDRESS	
•	Ver	It ww			JAMES M.	sora 1	405 P	wk	Ave.
-	1B.	NOW ATT		CALL	SE OF DEATH	001-	100.		INTERVAL BETWEEN
	4 4	XI		cho.	JE OF BEATH				ONSET AND DEATH
	DISEA	SE OR CONDITION D		<b>Питом</b>	topoino on	rdformanı	lar diana	50	
	(This does	not meon the mode o	f dying e.g.,	DUE TO	tensive ca	rarovascu.	tar ursea	se	
	injury or co	mplication which coused	deoth.)						
		ANTEGEN DENT CAUC	rec .						
		OR CONDITIONS, IF		(B)DUE TO					•••••
	RISE TO TH	TE ABOVE CAUSE (A) S	STATING THE	505 10					
z	ONDERLIN	NO CONDITION LAST.		(C)	*************				
은		II .							
S		NIFICANT CONDITIONS							
ΗĔ		DEATH BUT NOT RE		RE REO	nchial ast	hma			•••••
ERTIFICATION	19A. DATE OF	F OPERATION 198, CO		WHICH OPERATION	20A. AUTOPSY	(? (Yes or No) 208.			
0	0	WAS PE	RFORMED		No	in i	CERTIFYING CAU	SES OF DEA	un/
<del> </del>		CAUSE WAS	218.	PLACE OF INJURY (e.g.	in or obout 21C. V	WHERE DID (If in	Boltimore City, gi	ve exoct loc	otion)
MEDIC	UTING CAL	□OR CONTRIB- JSE OF DEATH.	etc.)	e, roam, roctory, street,	omce orag, INJUK	T OCCOR?			
Σ	21 D TIME	(Month) (Doy) (Yes	or) (Hour) 2	TE. INJURY OCCURRED	21F. H	OW DID INJURY	OCCUR?		
	OF INJURY (APPROX.)	tivolilli (Doy) (ret			T WHILE				
-			m. V	WORK AT	WORK				
	22.	tify that I held on	Inquiry	Inspection X A	utopsy on	d that on this be	sis, deoth in r	my opinion	
	resu	Ited from:-Notural co	nuses V A	Accident Suici	ide Homici	ide   IInde	termined monn	er	
	1000	1 0	7	recident outer		EDICAL EXAM			
	ACTUA	L / / /	3 X/n	1			=		DATE SIGNED
	SIGNAT	URE	C 170	M.	D 6	EDICAL EXAM			1 10 65
	EXAMIN NAME (	Tuna)		1 77 4.1		AEDICAL EXAM	INER		1-19-65
234	BURIAL CRE		123	Ohn E. Adams		23D. LOCA	TION (City	, town, or co	ounty) (Stote)
	MOVAL (Specif		23	0 11	111	P	4 1 1		4.3 1
	BURIT	AL 1-27	1-63	DA 140.	NATI	D	4 140.		Ma.
24/	A. DATE REC'D	BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR		AL	DDRESS
		JAN 2 U 196	O ORalie	DE. Jankey	LO Ma DJ	-42 1 Day	++ 9	11/2 18.	WALA A.

The same of the sa John Here THEE Carlo Res Express traces Bally Later Barne the look flow Hall Should

Auburn

24C. FUNERAL DIRECTOR

Morton & Dyett Funeral Home, Inc.

916 Pennsylavia Ave. Balto., 1, Md.

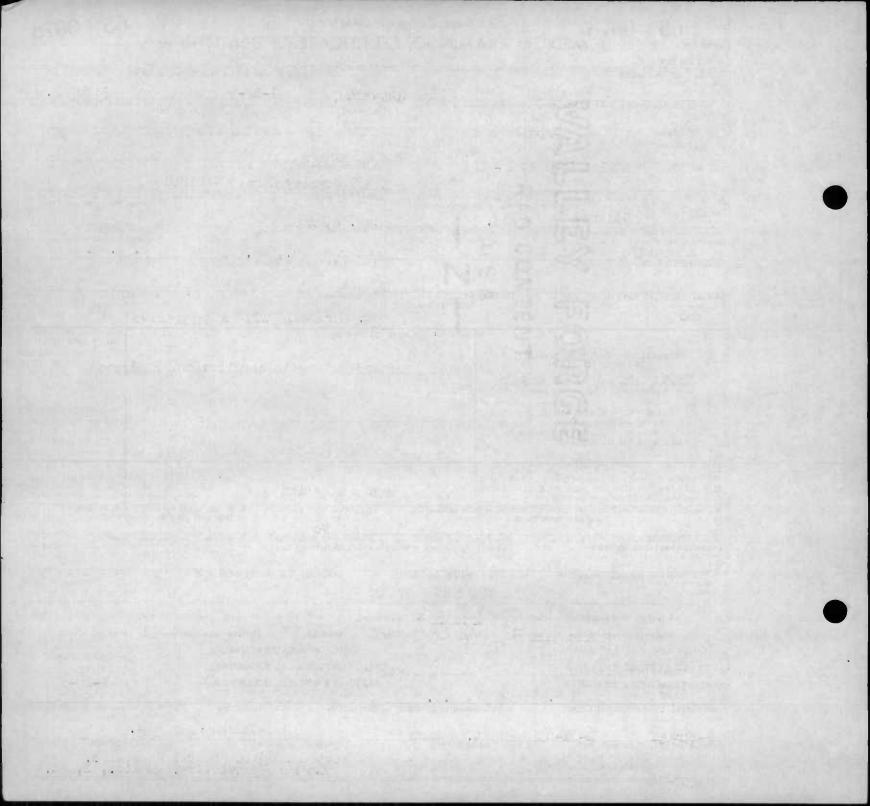
ADDRESS

VS 151-REV. 1/1/65

Burial

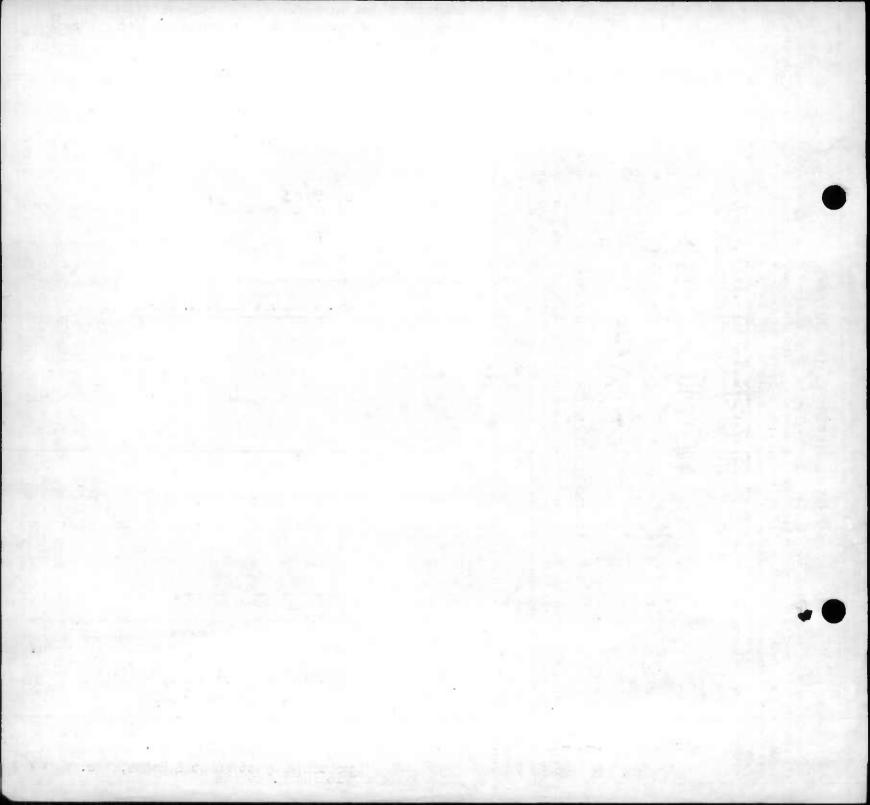
24A. DATE REC'D BY HEALTH DEPT.

1-21-65



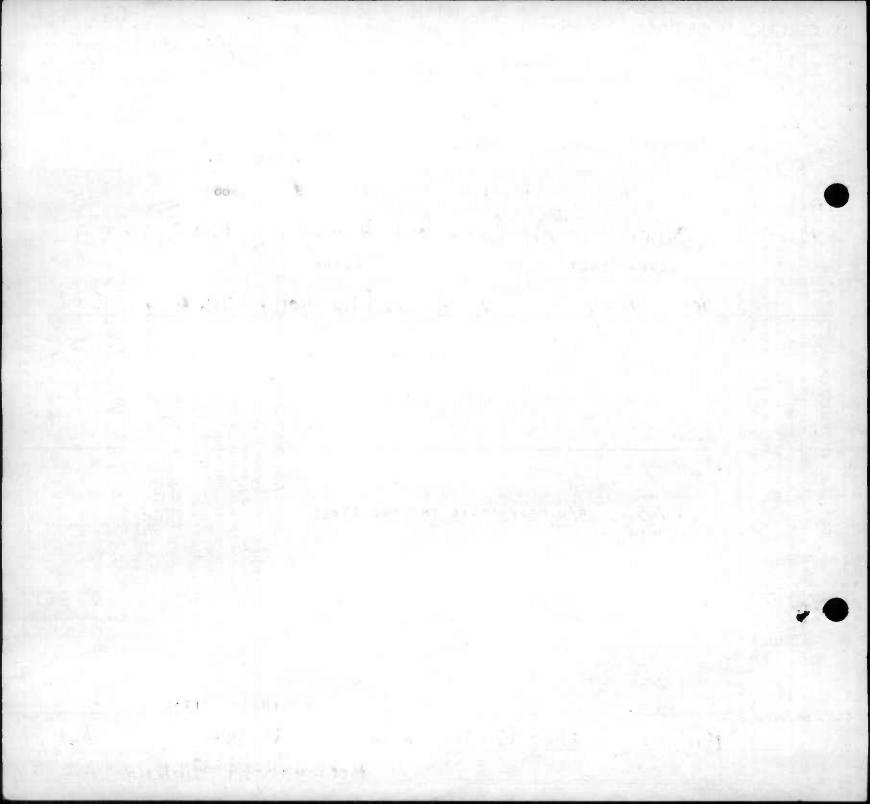
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CIT	Y HEALTH DEPARTMEN	NT .	CE Oppo
BIRTH NO. 65 0679	CERTIFICA	ATE OF DEAT	H Registered No	00 06/3
M.E. CASE NO.  I. NAME OF DECEASED  Type or Print)  I Vene Tro	TTers	2, DA	TE AND HOUR OF DEATH	1 15/A
PLACE OF DEATH IN BALTIMORE, MARYLA		4. USUAL RESIDENCE A. STATE B.	(Where deceased lived. If	institution: residence before admission
FULL NAME OF (If not in hospital or ins oddress or location)	titution, give street	C CITY OR TOWN		
The Johns	Hopkins	C. CITY OR TOWN (If ourside city limits, write RURAL and ROLL CONTROL OF TOWN (If ourside city limits, write RURAL and ROLL CONTROL OF TOWN (If ourside city limits, write RURAL and ROLL CONTROL OF C	g	
Hospital				ST.
. SEX   6. RACE   7. M	ARRIED, NEVER MARRIED VIDOWED, DIVORCED (specify)		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min,
OA, USUAL OCCUPATION (Give kind of work 108, lone during most of warking lite, even if retired)		Y 11. BIRTHPLACE (Stote of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NAME		14. MOTHER'S MAIDEN	NAME	
Lee Booze		Sarar	( Taylo	or
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of	service) 1 6. SOCIAL SECURITY NO.		els 1935 W. I	Address North Avenue
18. 180 X I	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTI		Va in i		
injury or complication which coused deal  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) state UNDERLYING CONDITION lost.	DUE TO	pernephrem	a Lot Kid	, ney
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	RIBUTING TO THE			
	ON FOR WHICH OPERATION	4 4	OI NO) 208. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 2YC. WHERE D office bldg., INJURY OCC	OID (If in Boltime	ore City, give exoct locotion)
21D. TIME (Month) (Doy) (Year) (Ho OF INJURY (APPROX.)	While At Not Wh	ile 🗂	D INJURY OCCUR?	/
22. 1 certify that (1) this haspital) att that (1) (we) last saw the deceased all	ive on 1/18		nd that in (my) (our) of	pinion death occurred on the do
23A. SIGNATURE	L M.B. AI	tending Med.	Stoff IV	238. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) FRANK M. HO	OUSTON M.D	TOUNG H	OPKINS HOSP	ITAL
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of C	REMATORY 2	4D. LOCATION (	City, town, or county) (Stote)
Burial 1-22-65	National			
JAN 20 1965	Seet E. FarbayA.			Homes, Inc.
'S 150-REV. 1/1/65				

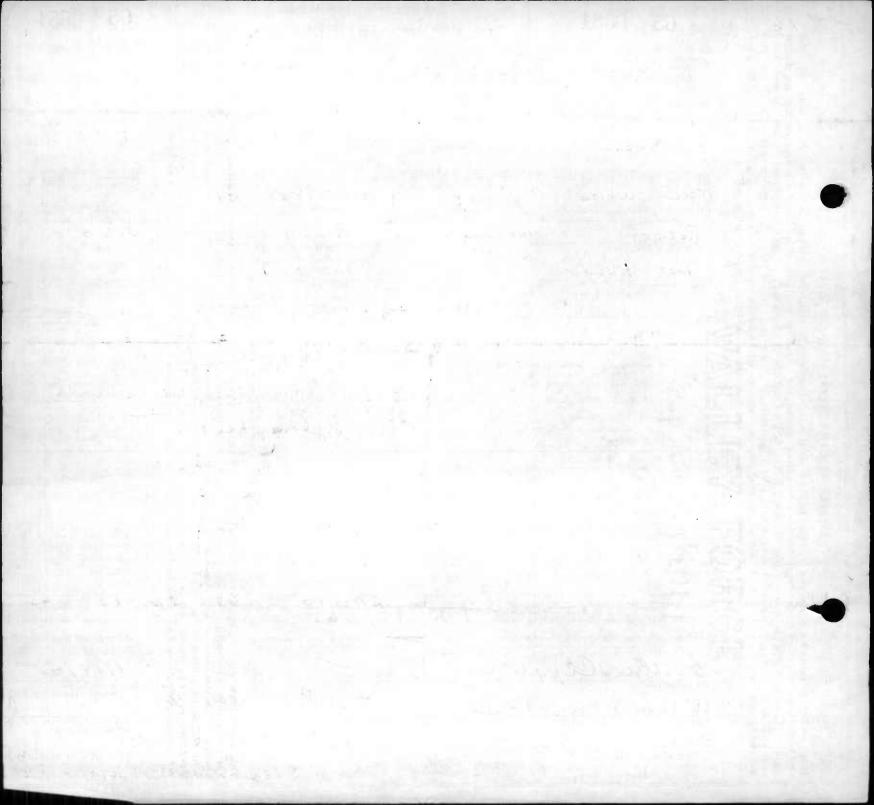


0000	BALTIMORE CITY	HEALTH DEPARTMENT		65	0000
BIRTH NO. DO UDOU	CERTIFICA	TE OF DEATH	Registered Na.	00	1.000
1. NAME OF DECEASED (Type or Print)  EDWARD KELLY		2. 047 18	165N	12:	30 P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When			
FULL NAME OF (If not in hospital or institution oddress or location) INSTITUTION	n, give street	C. CITY OR TOWN (If out	side city limits, write RU	RAL ond give tow	nship)
THE JOHNS HOPKINS HOS	PTIAL		urol, give location) N ST.		
5. SEX 6. RACE 7. MARRIE WIDOW MAR	ED, NEVER MARRIED VED, DIVORCED (specify) RIED	10/24/98	ost hi66	If Under 1 Yr. Months: Days H	If Under 24 Hi lours Min.
don, USUAL OCCUPATION (Give kind of work 108, KIND done during most of working life, even if retired)	Pork+ Son L	Howard Co.	Md.	12. CITIZEN OF WHAT COUN	ITRY?
NELSON KELLY		CLARA			
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  WW T	1 6. SOCIAL SECURITY NO.	17. INFORMANT Elly Kelly	1116 N. F	ADDRES:	4
(This does not meen the mode of dying, e. heort foilure, osthenio, etc. It meens the disease injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving the couse (A) stoling the course (A) stoling the condition lost.	(B) DUE TO	- U	U		
O THER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.					
WAS PERFORMED	R WHICH OPERATION	OSISYES	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERS OF DEATH?	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)		(If in Boltimore (	City, give exact to	cotion)
OF INJURY	While At Not While At Work	21 F. HOW DID INJ	JRY OCCUR?		
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive at	d the deceased fram1	/17 1 19 65 and the	9 65 to 1/18	an death accur	19 65 red an the di
and haur and fram the causes stated abave.					
23A. SIGNATURE	M.D. Atter	nding Med.	Stoff Phys.	38, DATE SIGNED	1/6
23C. PHYSICIAN'S NAME (Type)  JOHN R. WAGNER	M. D.	JOHNS HOPKINS	HOSPTTAL		
	NAME of CEMETERY of CRE			town, or county)	(State)
BURIAL 1-21-65 15	SANO, NA	+1 8	140.		Md.

BURIAL 1-21-65 BAHO, NATI BAHO. Md
25A. DATE REC'D AY HEALTH DEET 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
VS 150-REV. 1/1/65

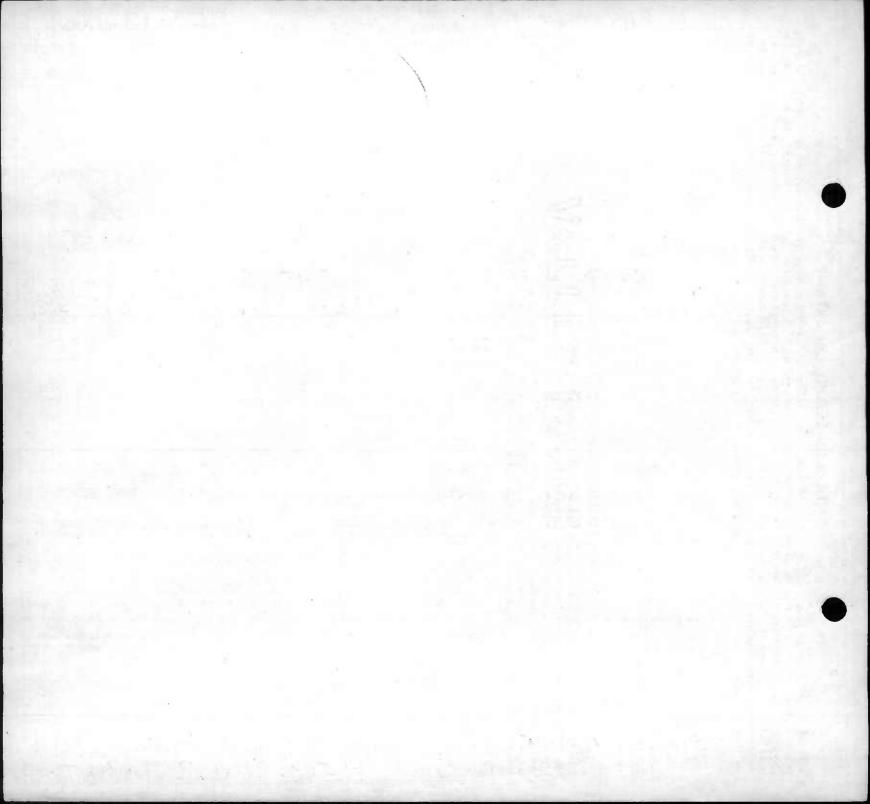


0-	0204		BALTIMORE CITY	HEALTH DEPARTMENT		65	0001
GO ON HTRIB	OPOI		CERTIFICA	TE OF DEATH	Registered No.	00	APOT
M.E. CASE NO.	FASED				AND HOUR OF DEATH		
(Type or Print)	1	E. a.		1	19, 1965		
3. PLACE OF DEA	ATH IN BALTIMORE MA	TARBE	15	4. USUAL RESIDENCE (WI	/	natitution: residence	M.
or reade or be	THE DESIGNATION OF THE	RIEAND		A. STATE B. COL	INTY	nsmonon, residence	Delote Outlassion,
FULL NAME O		or institution,	give street	FLORIDA			
HOSPITAL OR	oddress or locolion	n)		C. CITY OR TOWN (If	outside city limits, write	RURAL and give to	ownship)
			11	MIAMI B	GACH	V-	0 %
BELUE	dere Nun	551 NG-	Home	D. STREET ADDRESS	If rural, give location)		
5. SEX	6. RACE		NEVER MARRIED  D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdgy)	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours: Min.
Mare	WHITE	Wido		12-15-1880	84		
				11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF	
TP.	working life, even if retired)	MERC	1. 0. 17	Russia		WHAT COL	
(\ETIRE	and	MEKC	MADI		****	0.3.	77.
13. FATHER'S NAM	VIE ,			14. MOTHER'S MAIDEN N	AME		
NOT	KNOWN			NOT KNOW	ww		
5. Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRE	ESS
ies, no or unknown	(If yes, give wor or dote	s of service)	SECURITY NO. 244-48-9003	HOSPT TI	ECERA		
120	- A				2 60 16 07	1	
18. 42	2./1		CAUSE O	FDEATH			AL BETWEEN AND DEATH
DISEAS	SE OR CONDITION DIF	RECTLY	On.	1. i V.	1 In	0 0	
(This does n	nal mean the mode of	dvina ea	(A) COC	ace- respu	more 100	ique	direktoralasila. Alpalaktina pia arrasa saraka ilia dia dia dia dia dia dia dia dia dia d
heart failure,	asthenia, etc. If means	the disease,	201.18	vesture H	eart Fa	ling	
injury ar carr	nplication which coused	death.)	Ca	elas P ( ma	.0. 24	4 - 4 -	- 8
	ANTECEDENT CAUSES		DUE TO	to and	with only		*
DISEASES C	OR CONDITIONS, if	any, giving		trus matero	Ter CUI	1	
	e abave cause (A) G CONDITION last.	slaling the	(C) (C)	s. Pyelone	phanti		*************
ONDERLING	3 CONDITION (0SI,			0			
Z	ll .						
	FICANT CONDITIONS C						
A DISEMSE OK	CONDITION CAUSING		WILLIAM CONTROLL	Tana	N N 000 15 115		
19A. DATE OF	WAS PER		WHICH OPERATION	20 A. AUTOPSY? (Yes or )	No) 20B. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?	DERED
E O	NY MAR HAIR PROPERTY.	1 1000		1 1010			
OR CONTRIBL	T WAS UNDERLYING DITING CAUSE OF	21 B,	e, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Bo)timor	e City, give exact	locotion)
DEATH (notify	medical examiner	etc.					
OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?		
S OF INJURY			ile At Not While				
		Wo					
22. I certify	that (1) (this hospital	l) ottended t	he deceased from	Jan 10	19 65 To J	Bn 19	19 6-5
that (1) (we)	lost saw the decease	d alive an	1m 19	19 6 5 and	that in (my) (our) opi	inion death occu	arred on the dote
and hour one	from the couses stat	ted obove. (I	) (We) (did) (did not)	lew the bady ofter deoth			
23A SIGNATU				7 3 300111		23B, DATE SIGN	ED
1/1/11	0,1001	1111	M.D. Atte	nding Med.	Stoff	11,	0/4
22C BUYELCIA	Nºs	proper	Phy	s. Director	Phy s.	//	1/00
NAME (T	ypel	-0		23D. ADDRESS	Heron p		
WILLI	nD Appli	- FEZI	M.D.	3 507 rouce	and and	- Bal	10 15h
	MATION, 248, DATE	24C. N	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	ity, town, or county	(Stote)
BURLAL	Specify) //20/19/	1 - Ha	BREW FRIE	nd ship	BeLTO.	MD	
25A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTO			DRECC
TO THE REG D	IAN 20 1965	00 B	E 57. On 14.0		wis + Son-		DRESS
•	טטנו ט א זוחנ	Moran	C) dropping	27-40 9.78	WILL A JON -	3317 0691	APIA NUE
VS 150-REV. 1/1/6	65						



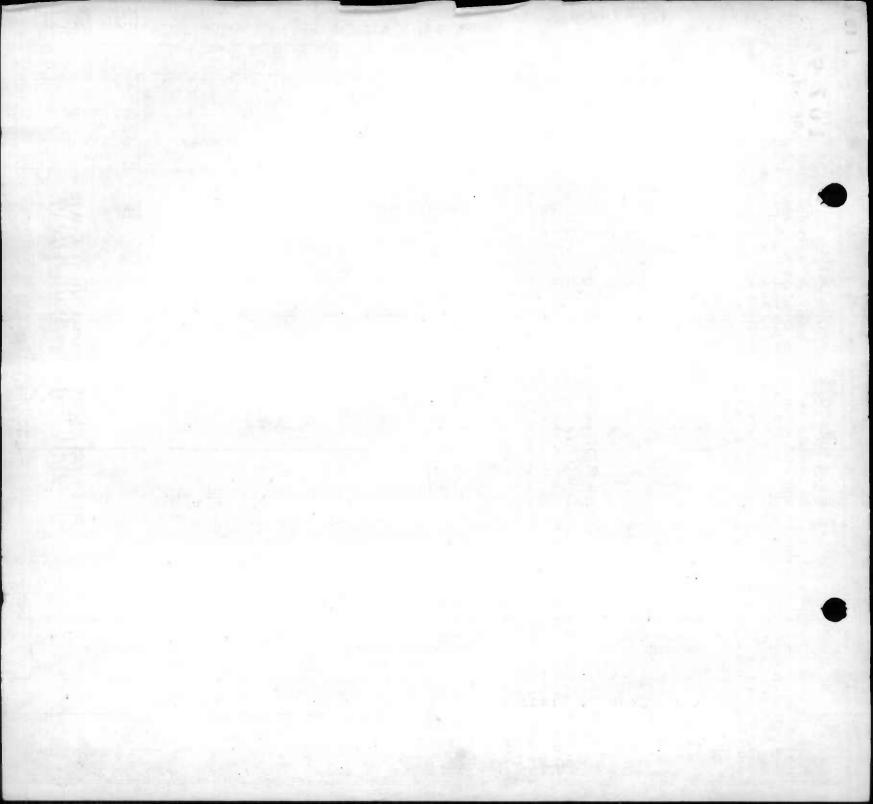
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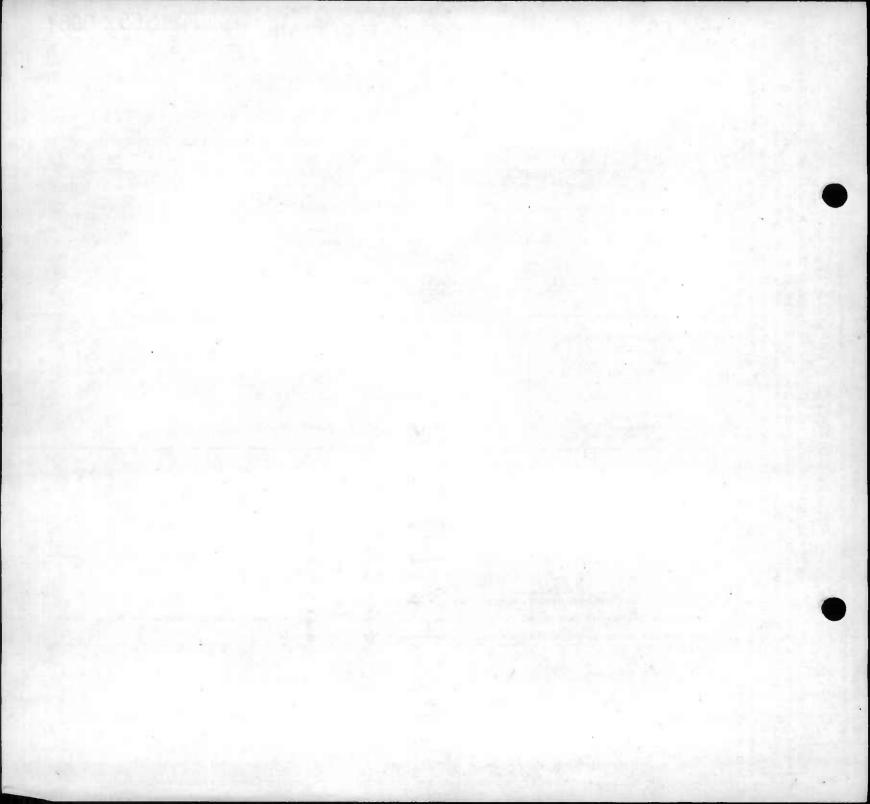
	0.5	000	BALTIMORE CITY	HEALTH DEPARTMENT		0000
	H NO. 65 U	682	CERTIFICA	TE OF DEATH	Registered No.	b5 U682
1. N	AME OF DECEASED da So	lomon		2. DATE	IND HOUR OF DEATH	DO A
3. P	LACE OF DEATH IN BALTIMO	RE, MARYLAND		4. USUAL RESIDENCE (WHA. STATE B. COU	nere deceased lived. If in	stitution: residence before admission
H	FULL NAME OF (If not in h HOSPITAL OR address ar NSTITUTION	ospital ar institut tocotion)	ion, givo straet	MARYLAND	3	RURAL and give tawnship)
				BALTIMORE	CITY	
	THE JOHNS HO	PKINS H	OSPITAL	208HERRING		
5. S	EMALE NEGRO		WED, NEVER MARRIED (Specify)	8-7-08	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	USUAL OCCUPATION (Give kind		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	roign country)	12. CITIZEN OF WHAT COUNTRY?
	e during most of working life, even if	Fc	None	Lynchbur 14. MOTHER'S MAIDEN N.	S. C.	N.S.A.
13.	Frank	For	Tune	Ada	Henry	
15. Yes	Was Dacdosod Ever in U. S. Am s,no ar unknawn) (If yas, givo war	med Forces? or datas of servi	SECURITY NO.	17. INFORMANT	4	327 MANNING
-	100		CAUSE O	VEFA (	ARPENIE	Symter Sici
	18. 3/ X I		CAUSE	/ //	1,	ONSET AND DEATH
	DISEASE OR CONDITION		Mit	rolingullicions	1 evitle	7/11
	(This daes not mean the m			11,301101010		J
	heart failure, asthenia, etc. It injury ar camplication which		ase,	ntractable her	out outure	Manuel
	ANTECEDENT C		(B) Khei	imatic heart	disloose,	ivushing yrs
	DISEASES OR CONDITION		DUE 19	Λ /	, 11, - 1	
	rise to the above cause			were Pulinon	and its benter 8	100
	UNDERLYING CONDITION I	ast.				
NOIT	OTHER SIGNIFICANT CONDITI TO THE DEATH BUT NO DISEASE OR CONDITION CAL	T RELATED TO	TING THE		FIE 6	
CERTIFICATION	19A. DATE OF OPERATION 19		OR WHICH OPERATION	20A. AUJOPSY? (Yos or I	10 CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
AL	21 A. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE DEATH (natify modical examination)	OF _	21B. PLACE OF INJURY (e.g., i homo, form, factory, sticet, a etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	Ilf in Boltimore	a City, give exact lacation)
EDIC	21D. TIME (Manth) (Day)	(Your) (Hour)	21E, INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
2	(APPROX.)		White At Not Whi Al Wark	0		
	22 1 41 41 41 (1) (1):- 1			12/19/64	19 64 to	1/12 10/15
	22. I certify that (I) (this hat that (I) (we) last sow the d		1.6.	1-11-7	/	nian death occurred on the dat
	and hour and from the cous	es stated abov	e.(I)(We) (did) (did not)	view the body ofter death	•	
	23A. SIGNATURE WELLS	C. Mo	drey M.D. Att	onding Mod. Director	Stoff Phys.	23B, DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	G C MA	DOREY M.D.	23D. ADDRESS	Hooking H	Lock Rulf Ud
244	WILL I	ATE  24	C. NAME of CEMETERY OF CR	EMATORY 1340	LOCATION (C	ily, town, bi county) (State)
247	REMOVAL (Specify)	2	MT	A 240.	0 11	ity, town, or county) / (State)
	Surial 1-	20-65	MIII (ALU		BrookLy	N, Mo
254	AN 2 1 1965 A	T. 25B. NA	ME OF REGISTRAR	25C FUNERAL DIRECTO	S 1 1 -1	ADDRESS A
	1000 (66)	est F. Ve	INKEY M.D.	E. O.	Wilson	1000 BYANThey 1
VS	150-REV. 1/1/65					

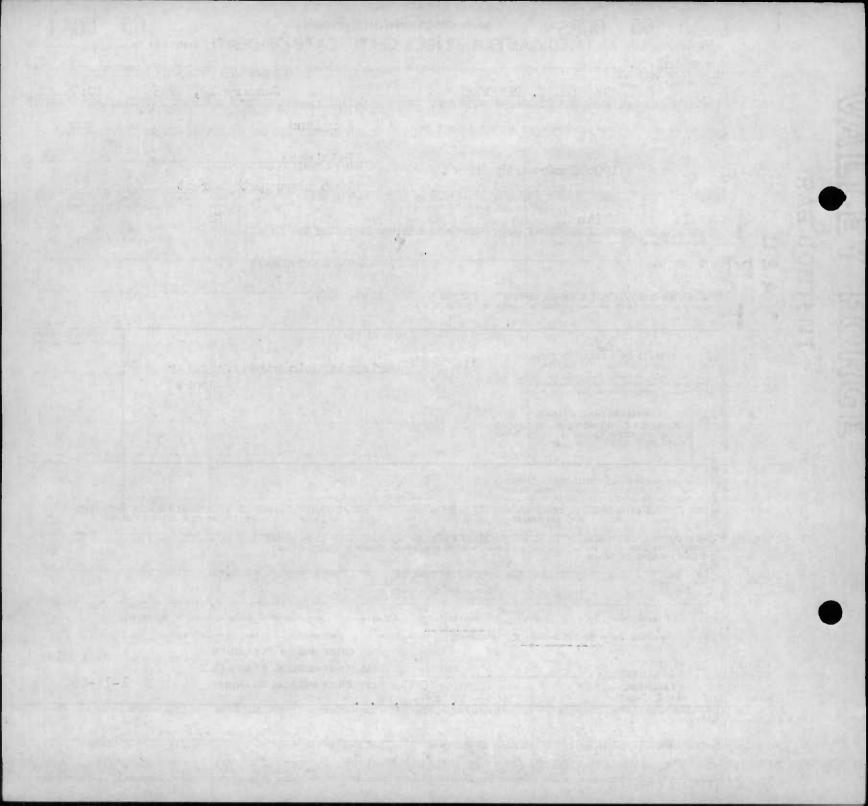


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6	5 0683		BALTIMORE CITY	HEALTH DEPARTMENT		65 0683
BIRTH NO.	0 00-		CERTIFICA	TE OF DEATH	Registered Na.	00 0000
N.E. CASE NO.	CEASED			2. DATE A	ND HOUR OF DEATH	
Type or Print)	GORTION,	THOMA	75 L.		18-65	5-00 am
PLACE OF DE	EATH IN BALTIMORE, MA			4. USUAL RESIDENCE (WH	ere deceased lived. If in	astitution: residence before admission
				A. STATE B. COU	NTY	A (
FULL NAME		or institution, give	e street	Ma	0	-08
INSTITUTION	ougress or locond	on)			utside city limits, write	RURAL and give township)
1.6	- 16-de 4	las for		Balhmore		
Joni	ns Hopkus H	ospirax			f rural, give location)	
	17.00			1714 N. BRO.	HOWHY	
SEX	6. RACE	7. MARRIED, N	EVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
M	N	man		12/25/94	70	
	UPATION (Give kind of wor		USINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF
	tworking life, even it retired)	Apacton	est Bldg.	11.0		WHAT COUNTRY?
-		11/100	, /3, 43,	TO THE MAINTEN AN	1145	
3. FATHER'S NA	D			14. MOTHER'S MAIDEN NA		
	1			Susan (	rordon	
. Wos Deceose	d Ever in U. S. Armed Fo	rces?	6. SOCIAL	17. INFORMANT		ADDRESS
A D unknow	(If yes, give wor or dot		SECURITY NO. 084-03-9669	2.0	17.11	
		- 2		TEARL GOL	DON 114 D	ROADWAY
18.	7X		CAUSE O	F DEATH		ONSET AND DEATH
DISEA	ASE OR CONDITION DI		1	nrahon Pneumon	112	6 hours
(This does	nal mean the made of		(A) MD/	TOUTION THEMPO	V. C.,	w runes
heort foilure	, osthenia, etc. It means	s the disease,	301 10 /			
injury ar ca	mplication which caused		1/10	omia		3 mos.
	ANTECEDENT CAUSES	5	DUE TO			
	OR CONDITIONS, if		No.	remone of pron	to to	15 mos.
	he obave cause (A) IG CONDITION (asl.	sloling the	(C) (Q)	unorac of prost	B. F. W.	
DTHER SIGN	III	CONTRIBUTING				
TO THE	DEATH BUT NOT REL	ATED TO THE				
19A. DATE O	F OPERATION 198. CON	NDITION FOR WH	IICH OPERATION	20A. AUTOPSY? (Yes or h	No! 20B. IF YES. WERE	FINDINGS CONSIDERED
DISEASE DE 19A. DATE O		RFORMED		1121	IN CERTIFYING CA	USES OF DEATH?
21A, ACCID	ENT WAS UNDERLYING	218 PI	ACE OF INILIRY (e.g. i	n or about 2 C. WHERE DID	(If in Boltimer	e City, give exact location)
OR CONTRIB	BUTING CAUSE OF	home,	form, foctory, street, o	ffice bldg., INJURY OCCUR?		
ט	fy medical examined	erc.)				
OF INJURY	(Month) (Day) (Year)	(Hour) 21 E, IP	NJURY OCCURRED	21 F. HOW DID IN	IJURY OCCUR?	
(APPRDX)		While Work	At Work	e		
22 1	1 (1)(1): 1			1-12	106 F	-18 1065
	y that (1) (this hospita		deceosed from	1 000	19 65 to	
that (I) (we	) last sow the deceos	ed olive on	1-18	19 65 ond 1	that In (my) (our) apl	nian death accurred on the da
and hour or	nd from the causes sta	ited above. (1) (	(We) (did) (did nat)	view the bady after death		
23A. SIGNAT						23B, DATE SIGNED
loch	47 Burgo	( h mi	M.D. Atte	ending Med. Director	Stoff Phys X	1-18-65
27.C. PHYSICI	ANS	The soil	ray	220. ADDRESS	· 11y 3. /	
NAME		0055		They flow	leus Hospita	0
		GGER	M.D.	Hours Hope		
4A. BURIAL CR	(Specify)	24C. NAN	NE of CEMETERY OF CR	2	LOCATION (C	ity, town, or county) 15tote)
Buein	1-22-	-65 MT	4. Calvar	y Cens. A	+14. (D)	NId.
SA. DATE REC'	D BY HEALTH DEPT.	25B. NAME OF		25C. FUNERAL DIRECTO	OR .	ADDRESS
	JAN 2 0 1965		Falley M.D.	Shail o	12,0	20M1 11.11 C.
/S 150_BEV 1/1		APOSON C	The Manual Contract	Janua /	repens or	JI THOUST







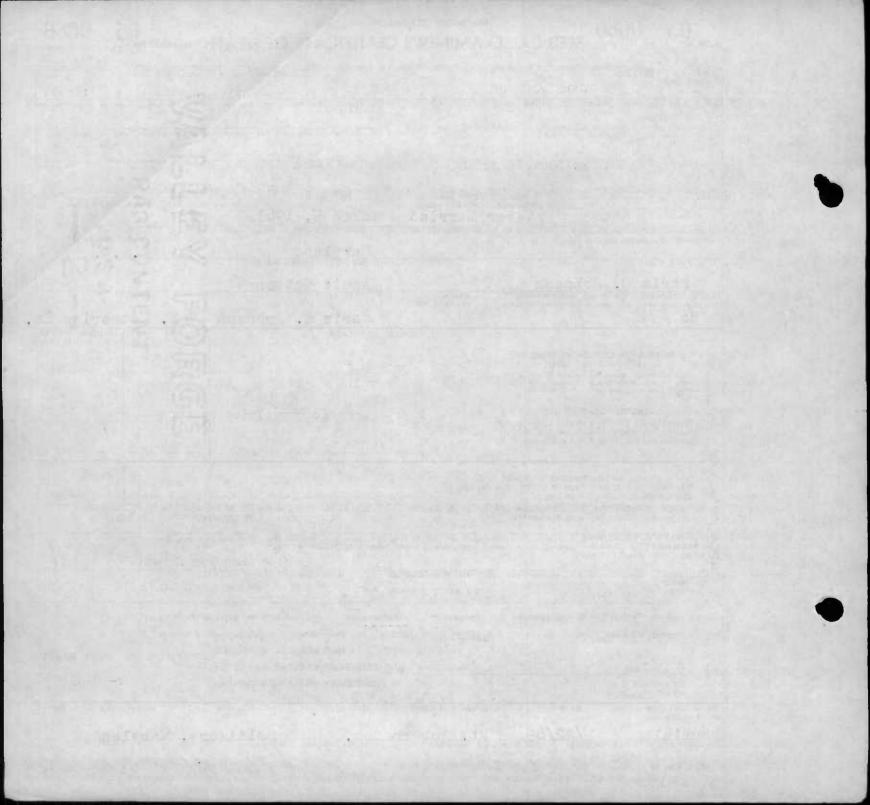
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81 RT	н но.	MEDI	CAL EX	CAMINER'S CI	ERTIFI	CATE OF D	DEATH Regi	stered No	) 000	20
	CASE NO.					To				
Tyr	De or Print)	al al	Biomian			_	HOUR PRONOU			
			JOHNSON				iary 18, 1		3:15	P.M.
		IMORE, MARYLAND, W				RESIDENCE (Where	deceosed lived. If B. C	in stitution: resi	dence before o	dmission)
HO IN S	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTION)	JTION, GIVE STREET		OR TOWN (If outside	e corporote limits, v	write RURAL o	nd give townsh	nîp)
		1010nW. Lan	2770 To C	troot	D CTREET	Baltimore ADDRESS (If rurol,	oine legation)	10-	UI	
		TOTOLIW. Lai	ivale of	rieer				a.b.		
r e	FV	6. RACE	T AAARDIED	NEVER MARRIED	8. DATE O	1010 W. Lar			r 1 Yr, If Unde	24 Hee
5. \$	Male	Negro	WIDO WED,	DIVORCED(specify) Marridd		n 5, 1941	9. AGE (In year lost birthday)		Doys Hours	Min.
LDA				BUSINESS OR INDUSTRY				12. CITIZ	EN OF	
		working life, even if retired)		4				WHA	AT COUNTRY?	
						Vland		U.S	A.	
13, 1	ATHER'S NAN	\E			14. MOTH	ER'S MAIDEN NAMI				
	Paris	c. Johnso	n			ie Cotton				
15.	WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORA	AANT		ADDRES	S	
1163	No	The yes, give wor or dole	3 01 36111067	Jacob Kill Hol	Par	is C. Joh	nson 7	N. Cat	cherine	St.
		SE OR CONDITION DI LEADING TO DEATH		Am Asp	hyxia	rH			INTERVAL BI ONSET AND	
	heart failure, injury or con	not mean the mode of osthenia, etc. It means mplication which coused	the discose, death.)	DUE TO dr	owning					
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	(B) Post-	trauma	tic convul	sive seizu	ıre	***************************************	<sub>м</sub>
Z	UNDERLYIN	E ABOVE CAUSE (A) S' NG CONDITION LAST.		(C)						•••••
ERTIFICATION	TO THE	II  NIFICANT CONDITIONS  DEATH BUT NOT RE  R CONDITION CAUSING	LATED TO T	NG HE						
CERT	19A. DATE OF	OPERATION 198, CON	FORMED	WHICH OPERATION			IN CERTIFYING C	AUSES OF D	EATH?	YH
MEDICAL	UNDERLYING	L CAUSE WAS NOR CONTRIB- SE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	in or about office bldg.,				ocotion)	1
ME	21D TIME	(Month) (Doy) (Yeo	r) (Hour) 2	Home		21F. HOW DID INJU	Lanvale S	Street		-
	OF INJURY (APPROX.)	1 18 65			WHILE X	Apparentl	y drowned	in bath	htub dur	ing
	22.	tify that I held an I	nauiry 🗌	Inspection Au	tapsy 😴	and that on th	is bosis, death	In my apinio	in	
		ted fram: Natural ca		Accident Suicid			Undetermined mo			
	ACTUA		2. A	ldun-		NT MEDICAL EX			DATE SI	GNED
	SIGNAT	IER'S			ASSOCIA	ATE MEDICAL E			1-19-65	
234	NAME (			John E. Adams		ORY 23D, L	OCATION (	City, town, or	county)	(Stote)
	MOVAL (Specif		23	The state of the s	- Chartra					

Robert E. Farley MA

VS 151-REV. 1/1/65

Burial 1/22/65 Mt. Auburn Cem. Baltimore, Maryland 24A. DATE REC'D SY HEALTH DEPT. 24R. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR



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IMPORTANT

FUNERAL DIRECTOR:

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TH NO. 65 06	87 CERTIFICA	TE OF DEATH Registered No.	00			
TAME OF DECEASED  Claude	Coles	January 18, 1965	5:55 AM			
NSTITUTION Baltimore C 4940 Easter	or institution, give street ity Hospitals	A. STATE B. COUNTY  Maryland  C. CITY OR TOWN (If outside city limits, write R  Baltimore  D. STREET ADDRESS (If rurol, give locotion)	stitution: residence before admission)			
6. RACE Male Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH  9. AGE (In years lost birthday)  12-7-1907  57	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
. USUAL OCCUPATION (Give kind of work e during most of working life, even if refired)  Laborer	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? U. S. A.			
FATHERS NAME William Coles		Julia				
Wos Deceosed Ever in U. S. Armed Ford s, no or unknown) (If yes, give wor or dote:	16. SOCIAL SECURITY NO. 218-05-2021	17. INFORMANT RECORDS: BCH: 4940 Easter	an Avenue #21224			
DISEASE OF CONDITION DIR		F DEATH	INTERVAL BETWEEN ONSET AND DEATH			

DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	Intestinal Obstruction	2 Weeks
(This does not meon the mode of dying, e.g., hearl failure, asthenia, etc. II means the disease, injury or complication which caused death.)	Extensive Cancer of Stomach	Months
ANTECEDENT CAUSES	DUE TO	FIOREIIS
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION last.	(C)	

19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) Yes	20B. IF YES, WERE FINDI	NGS CONSIDERED OF DEATH? Yes
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., in o home, form, foctory, street, office etc.)		(If in Boltimore City	give exact location)
21 D. TIME (Month) (Day) (Year) (Hau OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At Not While [ Work At Work [	21F. HOW DID INJU	RY OCCUR?	4 3 4 1
22. I certify that (I) (this haspital) offethat (I) (we) last saw the deceased ali	e on January 18,	19 65 and tha	***************************************	y 18 <sub>3</sub> 19 6 <sup>4</sup> death occurred an the
and haur and fram the causes stated ab	ove. (I) (We) (did) (did nat) vie	w the body after deoth.		

Baltimore,

Charles A. Rice 661 W. Barre St.

25C. FUNERAL DIRECTOR

Maryland

ADDRESS

24C. NAME of CEMETERY of CREMATORY

65 Mt. Auburn
258. NAME OF REGISTRAR

65

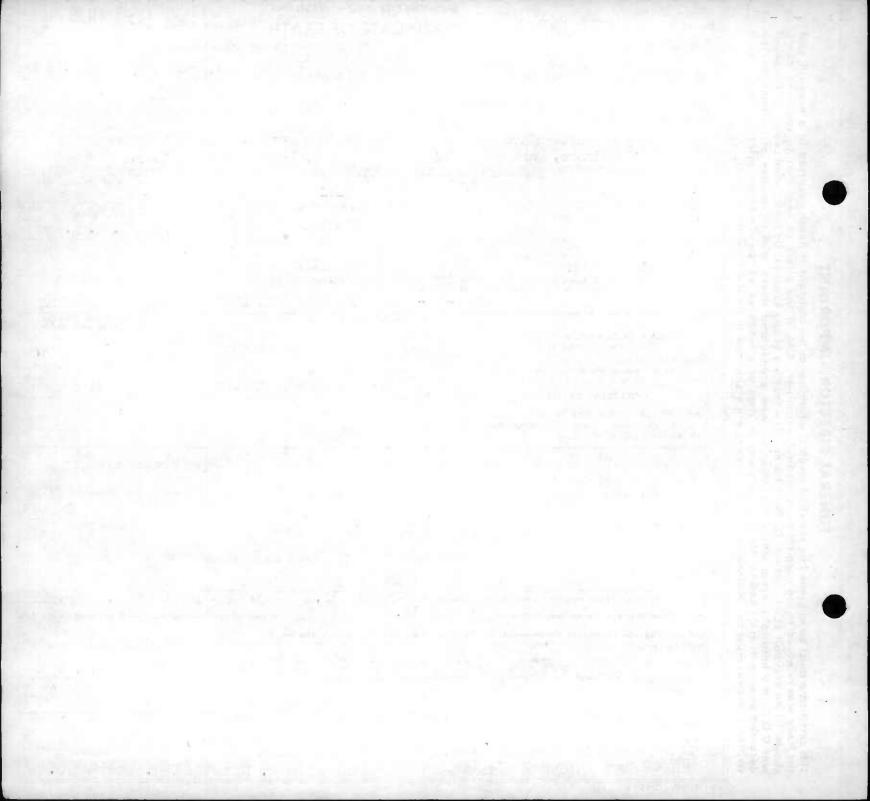
(4) Undetermined cause; (5) Deceased if the direct or contributing cause deceased prior to death); and (6) No physician was in regular attendance on the deceased proversed must be obtained before the remains are embalmed or final disposition is made. certificate must be approved by the chief medical examiner or his assistant if death Was death kind; A fracture of any Also, who shows: (1) An accident of any nature; (2) Body burns; (3) physician the body was released to the hospital by (except where was D.O.A. at a hospital

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPT.

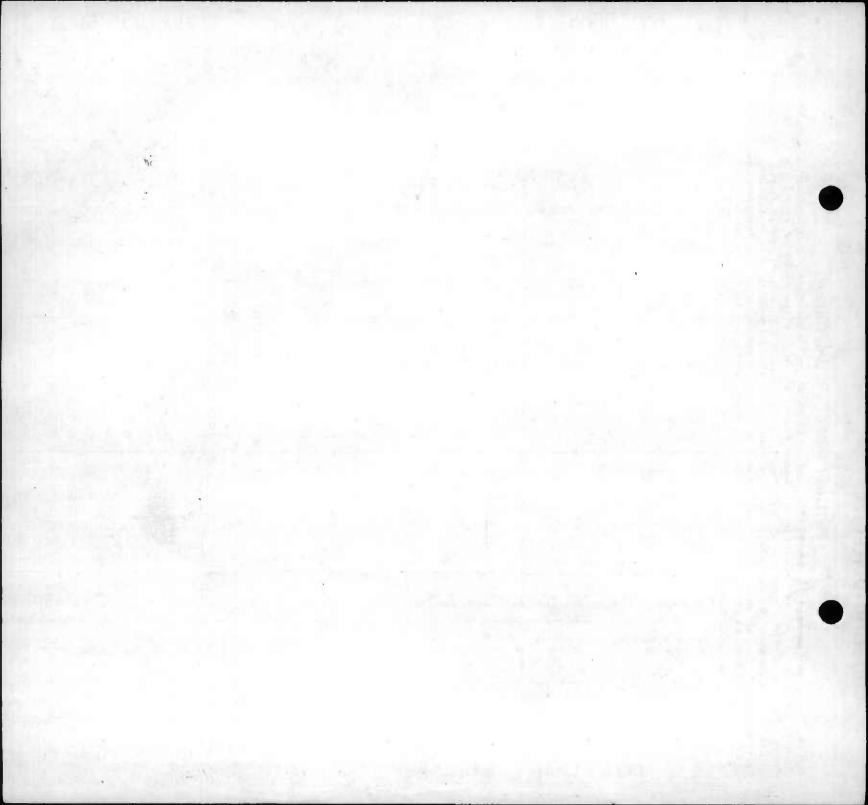
JAN 20 1965 (R.D.

VS 150-REV. VS 150-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	65 0688	BALTIMORE CITY	HEALTH DEPARTMENT	C	5 0000
1	TH NO. DJ UDOO	CERTIFICA	TE OF DEATH	Registered No. 6	3 0688
1.1	NAME OF DECEASED  pe or Print)  Mabel Co I Au	0011	2. DATE AND H	OUR OF DEATH	-120 Am.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where de	ceosed lived. If institution:	residence before odmission)
	FULL NAME OF (If not in hospital or institution  HOSPITAL OR address ar lacation)  NSTITUTION	on, give street	Md.	city limits, write RURAL o	Balta, and give township)
		1 1	Lutherville		53-00
	Dinai Hospi	tal	Broadway R	eli Box 33.	3
5. :		ED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BURTH 9. A lost	GE (In years If Und Manths	der 1 Yr. If Under 24 Hrs. S Doys Haurs Min.
	USUAL OCCUPATION (Give kind of work 10 B, KIND description of working life, even if retired)	OF BUSINESS OR INDUSTRY	11, BIRTHPHACE (State or loreign c	ountry) 12. Cl	TIZEN OF HAT COUNTRY?
	Hosewife Oun-	home	Ind.	U	RA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	John F. Parks		Martha Cockey		
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, na ar unknown) (II yes, give war ar dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no none	mo	Family record	da	
	18. 160,2	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	77 -	+ 1. f. f.	for	7 3 mint
	(This does not mean the mode of dying,	2.g., (A) ((.( f))	aire deardinear	ory	2-3 min (10g
	heart failure, asthenia, etc. It means the disectiniury or complication which caused death.)	ise,	"hatt to the Annual Acordo		
	ANTECEDENT CAUSES	(B) falls	is Cathelery konder	reactive Rfy and	Zweles
	DISEASES OR CONDITIONS, if ony, giv		sequent infectio	y graite	1 7/
	rise to the above cause (A) sloting UNDERLYING CONDITION lost.	The (C)	inous of left me	WILLIAM (	a Madrin His
	ll l	Ada	(IIA)		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO	THE			
	DISEASE OR CONDITION CAUSING IT.		Tana Auroneya (V N. N. 20	D IS NOT WEEK SINDING	CONSIDERED.
ERTIFIC	WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 IN	CERTIFYING CAUSES OF	F DEATH?
CALC	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i hame, farm, factory, street, o etc.)	n ar about 210, WHERE DID INJURY OCCUR?	(If in Baltimore City, g	jive exact lacation)
MEDI	21 D. TIME (Month) (Doy) (Year) (Haur) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
>	(APPROX.)	While At Work Not While At Work			1 11
	22. Legify that (1) (this hospital) attende	d the deceased from	1/10/65 19	ta	1/10 19 60,
	that (1) (we) last saw the deceased alive a	on	19 65 and that Is	(my) (our) apinion de	eath occurred on the date
	and hour and from the couses stated above	(Me) (did) (did not)	view the body ofter death.		, /
	23A. SIGNATURE	2		23 B. D.	ATE SIGNED
	Malalle	M.D. Ath	ending Med. Stoll Phys		18/60
	23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	+1	/
	Damald Rice	M.D.	SMai HOSA	1/16/	
24/	REMOVAL (Specily)	C. NAME of CEMETERY of CR	EMATORY 24D. LOCA	TION (City, town,	, or county) (State)
		Moreland Memoria	al Park Park	eville, Marylo	ans
25/	A. DATE REC'D BY HEALTH DEPT.	AE OF REGISTRAR	TOO! . O!!ERME DIRECTOR	•	7100 ness
VE	150-REV. 1/1/65	M CI HOME	John Burns Jon.	010-12 York	R. Rd. Mousib
4.2	100-RETT 1/ 1/ UD				



B'Itimore National (emetery

VS 151-REV. 1/1/65

Burial

Jan. 21, 1965

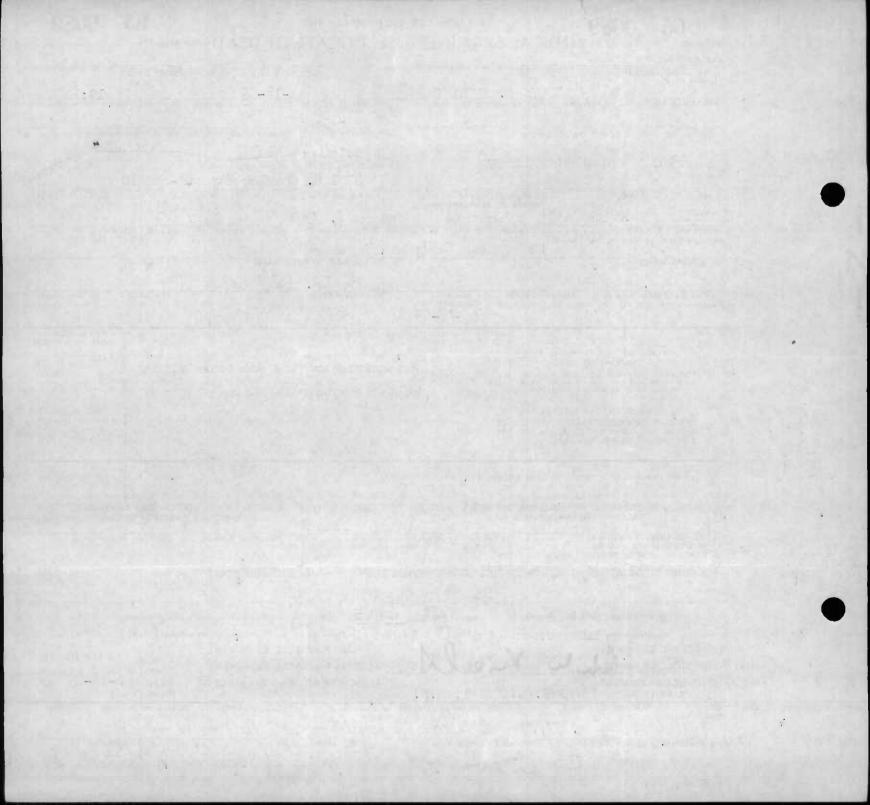
Robert E. Farley M.D.

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24C. FUNERAL DIRECTOR

John Burns' Sons, Towson, Maryland

Baltimore, Maryland



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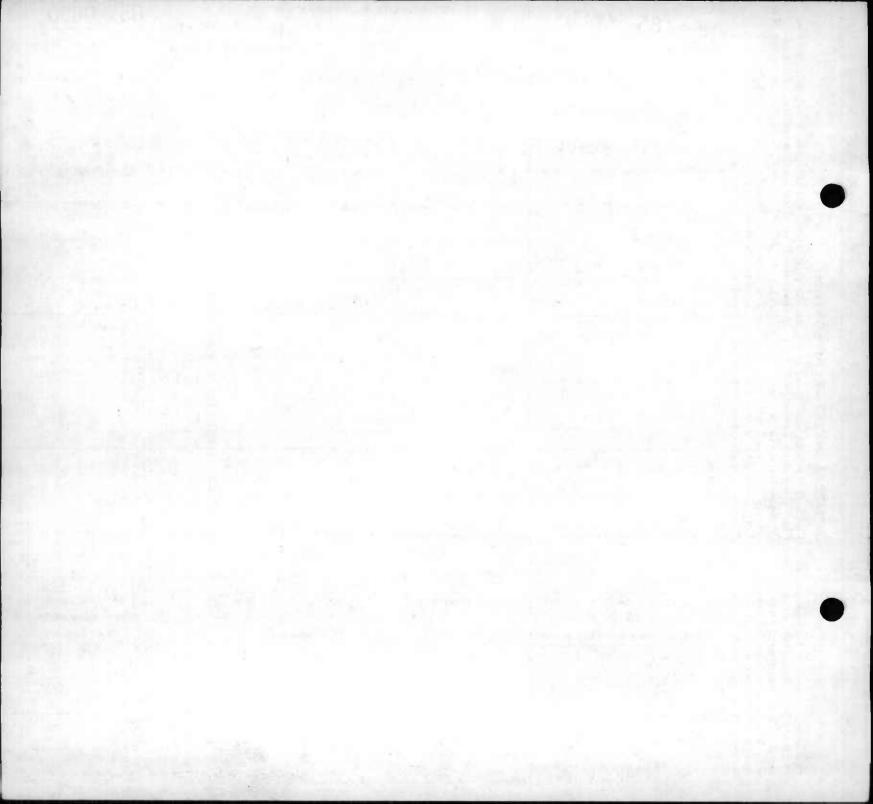
(4) Undetermined cause;

death Deceased

hospital

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BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH SAMUELSON M.E. CASE NO. 2. DATE, AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND USUAL RESIDENCE (Where decepsed lived. If institution; residence before admission) FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If-outside city limits, write RURAL and give township) INSTITUTION D. STREET ADDRESS (If juiol, give location) 26 6 WON 9. AGE (In years If Under 1 Yr. If Und Months: Doys Hours If Under 24 Hrs. Hours i Min. MARRIED, NEVER MARRIED B. DATE OF BIRTH 6. RACE WIDOWED, DIVORCED (specify) 13 WOO1 12. CITIZEN OF WHAT COUNTRY? 10A. USUAL OCCUPATION Give kind of work 10B. RIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) U.S.A. USS19 VONE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ADDRESS 15. Was Doceased Ever in U. S. Armod Forces 17. INFORMAN 6. SOCIAL (Yes, no or unknown) (If yes, give SECURITY NO. SAME Jamost SON CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. MATERIA 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (o.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (You) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY White At Not While (APPROX.) Work At Work 19 5 ta 22. I certify that (1) (this haspital) attended the deceased fram. 19 ( that (1) (we)-Past saw the deceased alive an. and that in(my) (aur) apinian death accurred an the date and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23B, DATE SIGNED 23A. SIGNATURE Attending Phys. Med. Staff M.D. Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) NIA 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of REMOVAL (Specify) BOLTO. SOUTHERN ADDRESS 25C. FUNERAL DIRECTOR 2SA, DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/65



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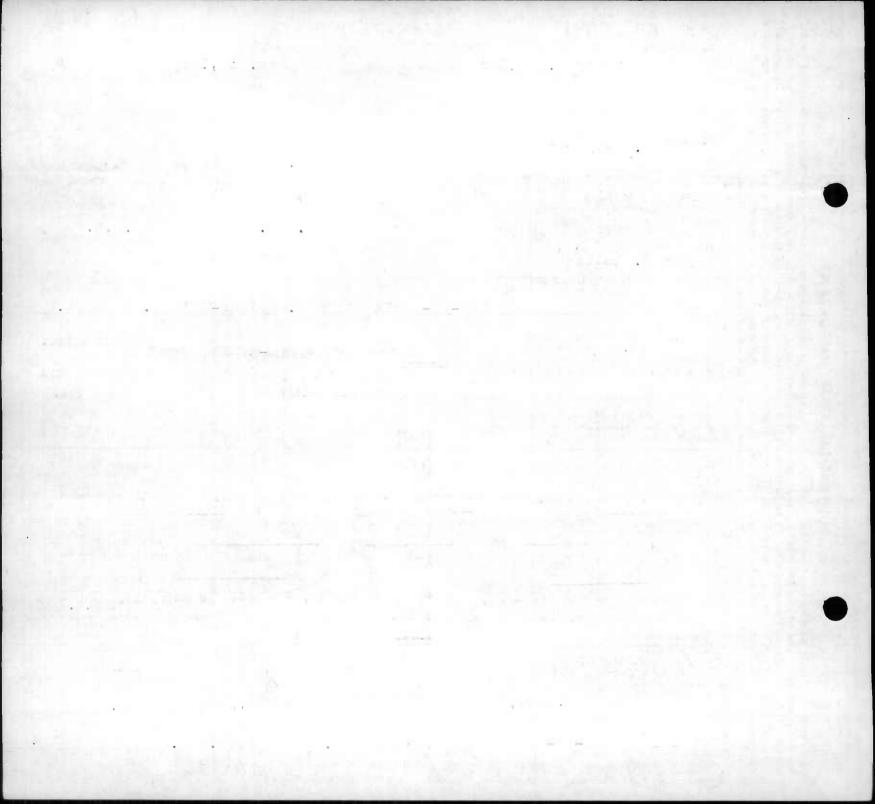
death.

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prior

ance (5)

and that in (my) (our) opinion death occurred on the date 516 Cathedral St., Baltimore, Md. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) 24D. LOCATION REMOVAL (Specify) Rideemer 258. NAME OF REGISTRAR Com. P. VS 150-REV, 1/1/65

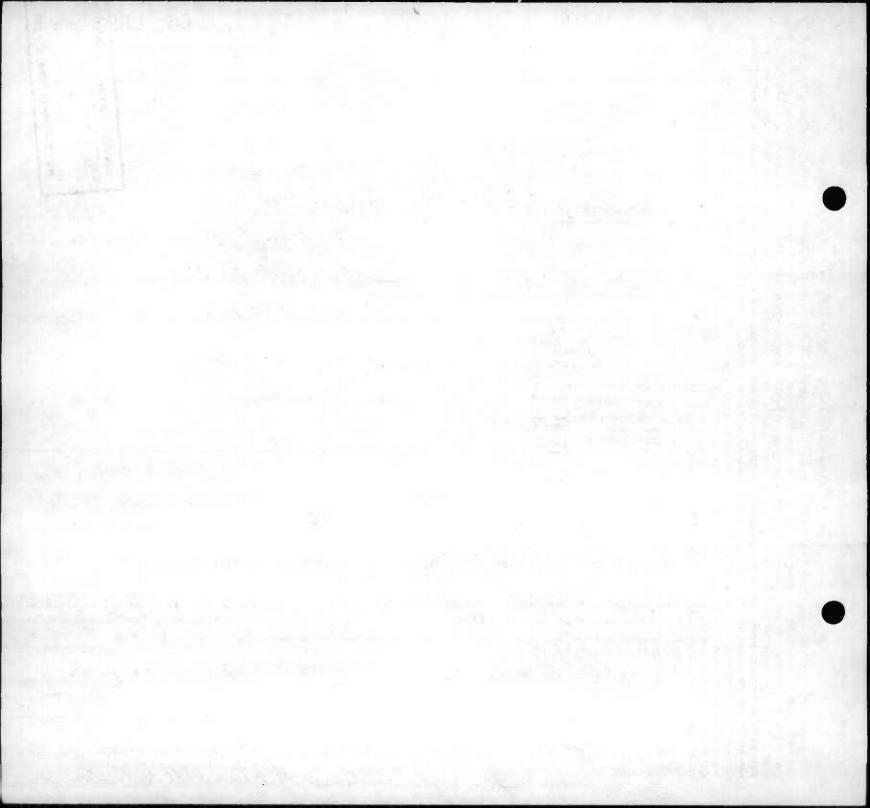


FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such we have a contributed and the contributed of the contributed or the deceased prior to death. Such

		BALTIMORE CIT	Y HEALTH DEPARTMENT		05 00	
BIRTH NO. 65	0692	CERTIFICA	TE OF DEATH	Registered No.	65 06	592
1. NAME OF DECEASE	11/1/1 6	157/	2. DATE AN	ND HOUR OF DEATH	F . 7	1,40
3. PLACE OF DEATH	N BALTIMORE, MARYLAND	orlanan	4. USUAL RESIDENCE (Whe	re deceosed lived, If i	institution: residence before	e odmission)
FULL NAME OF	(If not in hospital or instit	ution, give street	Balto 1	16. m	1 27-	07-
HOSPITAL OR	oddress or location)		C. CITY OR TOWN (If ou	tside city limits, write	RURAL ond give townsh	ip)
47/	10000 2/	1700 A MI	D. STREET ADDRESS (IF	rurol, give location)		
dicine	var Hog	mid jin	2607 K	ist as	ve.	
5. SEX Z 6. R		RRIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BURTH	9. AGE (In years lost birthdoy)	Months Doys Hour	nder 24 Hrs.
		ND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Store or fore	eign country)	12. CITIZEN OF WHAT COUNTRY	12
done during most of working	1 0		Balto.	Md.	U.S.C	7,
13. FATHER'S NAME	,		14. MOTHER'S MAIDEN NA	ME		
Char	les Da	ffin	Lehor	ra		
(Yes, no or unknown) (If y	in U. S. Armed Forces? es, give wor or dates of se	security No.	17. INFORMANT	> 0 /	ADDRESS	
18. / / /	2	CAUSE	George I.	Morthm	an-2607 I	LIST AV
11/0	R CONDITION DIRECTLY	CAUSE	A V	1./	ONSET AND	
LEA	DING TO DEATH	(A) ( E	udal fa	elece		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
heoil foiluie, osth	neon the mode of dying, enio, etc. It meons the di	seose,	1			
	tion which caused death. CEDENT CAUSES	(B) Ma	Grany )	Dary	e	
	CONDITIONS, if any,	DUE TO	do 11 01			
	pove cause (A) slaling		erarase	J		
	11					
	NT CONDITIONS CONTRI					
DISEASE OR CON	DITION CAUSING IT.		20A. AUTOPSY? (Tes or N.	o) 20B. IF YES, WERE	FINDINGS CONSIDERED	0
1 Jen. 11,	1965 WAS PEREGRME	L.		IN CERTIFYING CA	AUSES OF DEATH?	
OR CONTRIBUTING		21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Beltimo	re City, give exoct locoti	on)
W OF INTURY	nth) (Doy) (Year) (Hou		21F. HOW DID IN	JURY OCCUR?		
(APPROX.)		While At Work Not Wh				
22. I certify that	(I) (this hospital) atten	ided the deceased from		1985 to 54	12. 16	1965.
	sow the deceased aliv	1			inion deoth occurred	on the date
ond hour ond fro	m the couses stated ab	we. (I) (We) (did) (did not)	view the body ofter death.		23B, DATE SIGNED	
23A. SIGITAL OKE	1 The	M.D. At	tending Med.	Stoff Phys.	238. DATE STONED	. 2
23C. PHYSICIAN'S NAME (Type)	DR.		23D. ADDRESS	Phys.	san. le,	1765
NAME (Type)	JOON LE	2 40 c M.D	Lithowan	Hornil	al 71 201	d
24A. BURIAL CREMAT REMOVAL (Speci	ON, 24B. DATE	24C. NAME of CEMETERY OF CI	REMATORY 24D. L	LOCATION	City, town, or county)	(Stote)
Burial	1-19-65	Lorraine P	ark Cem, 1	Balto, 1	nd.	
	1 2 0 1965 P.	AME OF REGISTRAR DEW M.A.	25C FUNERAL DIRECTO	2000	ADDRESS	Belair R
VE 150 BEV 1/1/45	14		Ju Voll	- July	07/3/	0 1677

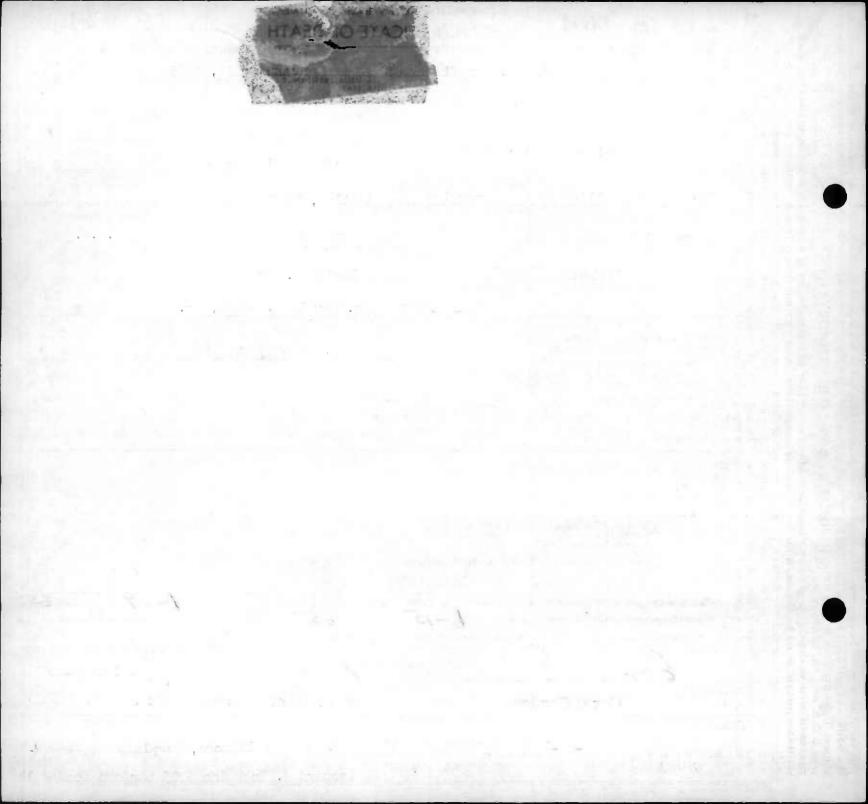
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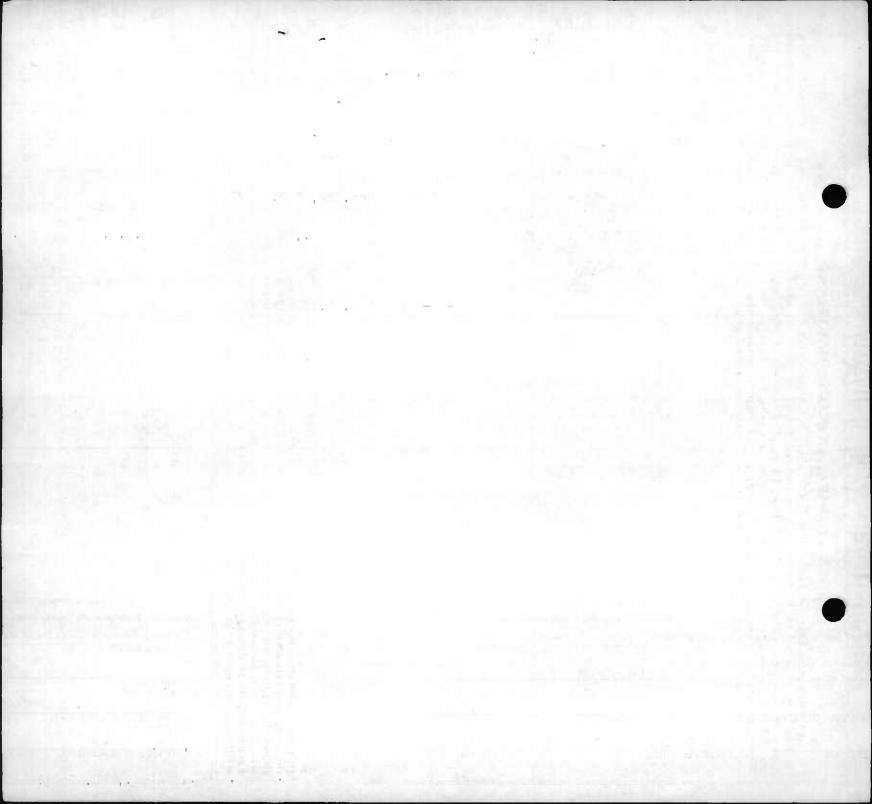
65 0693	BALTIMORE CITY	HEALTH DEPARTMENT	135	200
BIRTH NO. 65 0693	CERTIFICA	TE OF DEATH	Registered No	0633
M.E. CASE NO.  1. NAME OF DECEASED		2, DATE AND HO	OUR OF DEATH	3 3/2
(Type or Print) Bensley, Lottie	M.	18 Jan 65		- 1 5 E
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	/	4. USUAL RESIDENCE (Where dec		
		10 1	9111	10/201
FULL NAME OF (If not in hospital or institution oddress or location)	ion, give street	C. CITY OR TOWN (If outside	city limits, write RUR/	AL ond vive to worship)
INSTITUTION	/	12 14		E & A
UNIVERSITY HO	50	D. STREET ADDRESS (If rurol,	give location)	18 3
altitle and sill his		2337 Edma	wd son	ARE S
5. SEX 6. RACE 7. MARR	RIED, NEVER MARRIED			Under it Yr.   If Under 24 Hrs.
F	WED, DIVORCED (specity)	July 17 1887	77	onars (2004) Mari
OA, USUAL OCCUPATION (Give kind of work 108, KINE	OF BUSINESS OR INDUSTRY	11. BIRPHPLACE (State or foreign co	ountry) 15	, CITIZEN OF
one during most of working life, even if retired)		hr. 11 . 1		WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		C1. S. A.
12: 11:		1/		
	<b>/</b>	Harriett 1	William	5
5. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown) (It yes, give wor or doles of servi	ce) 16. SOCIAL SECURITY NO.	17. INFORMANT	Title III	ADDRESS
NO		Win Fred E	11:11- 23	37 Edmonder
18. 49 13 2 Y Manual 714	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	X		291	ONSET AND DEATH
LEADING TO DEATH	(A) 1344	entimere contio	· · varelen	7
(This does not meon the mode of dying, heart failure, asthenia, etc. It means the dise		direce		
injury or complication which coused death.)	114			7
ANTECEDENT CAUSES	(B)			A
DISEASES OR CONDITIONS, if ony, givenise to the obove couse (A) stoting				
UNDERLYING CONDITION lost.	the (C)			
II				
OTHER SIGNIFICANT CONDITIONS CONTRIBU				eth.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20E	B. IF YES, WERE FIND	OINGS CONSIDERED
		NO		
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, factory, street, of	fice bidg., INJURY OCCUR?	(If in Baltimore Cit	y, give exect location)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY	21E, INJURY OCCURRED	21 F. HOW DID INJURY	OCCUR?	
(APPROX)	While At Not While Work At Work	e 🗌		
22. I certify that W (this hospital) attended			S to 18 1	19 45
	managem			^
that (I) (we) last saw the deceased alive				deoth accurred an the date
and haur and from the causes stated abov	e. (I) (We) (did ) (did nat) v	iew the bady after death.		E.K.
23A. SIGNATURE	M.D. Atte	ending Med. Stoff		B. DATE SIGNED
Rechard P. hor	gaere Phy	s. Director Phys.		18 Jan 65
23C. PHYSICIAN'S NAME (Type)	0	23D. ADDRESS		0
	M.D.			
4A. BURIAL CREMATION, 24B. DATE 240 REMOVAL (Specify)	C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCAT	ION (City, t	own, or county) (State)
D. 1 1-15-11-	hat M.L	1. P. 1	4.	ha /
5A. DATE REC'D BY HEALTH DEPT.   25B. NA/	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	mores	ADDRESS
JAN 20 1965 A 0 6 9 3	7 0	Men el 11	12/01	V 1.11. 50
'S 150-REV. 1/1/65	Celer H.A	Short W. Dill	2 /0/0/	· culture sta
9 130-R6 11 17 17 03				

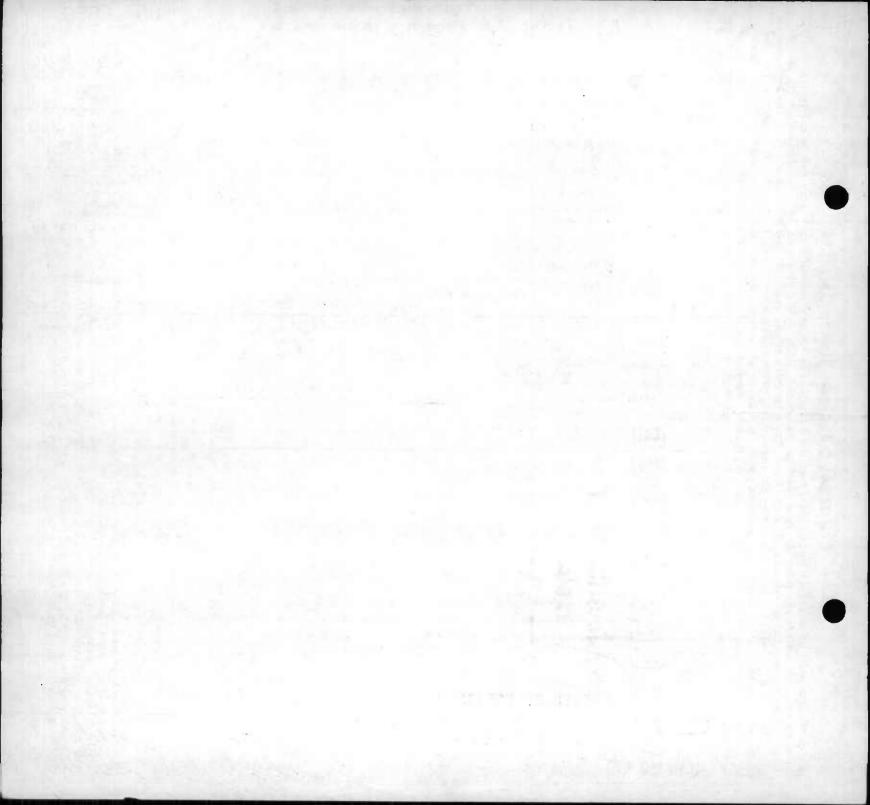


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BALTIMORE CITY	HEALTH DEPARTMENT		C 0001
CERTIFICA	TE OF DEATH	Registered No.	5 0694
Val.			
Senft.	Januar	v 19. 1965	48.
	A STATE B. COUN	deceased lived. If insti	tution: residence before admission
on, give street	Maryland	side city limits, write RU	RAL ond give fownship)
Hospital			
web, divorced (specify) married		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 His Months Doys Hours Min.
OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
	Maryland		U.S.A.
		ΛE	0.00
2.4	T . TO 67:		
1 6. SOCIAL	17. INFORMANT	mer	ADDRESS
	Mr. Harold F. S	Senft. Sr.	same
		J	INTERVAL BETWEEN ONSET AND DEATH
ing the (C)	oronay W	ent dis	3 yrs.
R WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
home, form, foctory, street, of	or obout 21C, WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore C	City, give exact location)
While At Not While		URY OCCUR?	
d the deceased from	3 ~ 30 1	96210 12	19 19 65
A. 6.000*	19.65 ond the	at in (my) (aur) apini	on death accurred an the do
. (1) (We) (did) (dld not) v	iew the body after death.		
		Stoff -	3R DATE SIGNED
M.D.		Avenue Bal	to., Md. 21202
NAME of CEMETERY OF CRE	MATORY 24D. LC		town, or county) (Stote)
E OF REGISTRAR	h Cemetery Ba	ltimore, Mar	yland ADDRESS
anders M. W.	Leonard J Pr	ok Tno 5305	Hanford Pond # 1
	CERTIFICA  Senft  Don, give siree!  Hospital  ED, NEVER MARRIED WED, DIVORCED (specify)  Married  OF BUSINESS OR INDUSTRY  OID  OF BUSINESS OR INDUSTRY  OID  OF BUSINESS OR INDUSTRY  OID  OID  OF BUSINESS OR INDUSTRY  OID  OID  OID  OID  OID  OID  OID  OI	Senft   January   January	CERTIFICATE OF DEATH  Registered No  JANUARY 19. 1965  LUSUAL RESIDENCE Where deceosed lived. If institution in the second of the second







## IMPORTANT FUNERAL DIRECTOR:

death Deceased

hospital of

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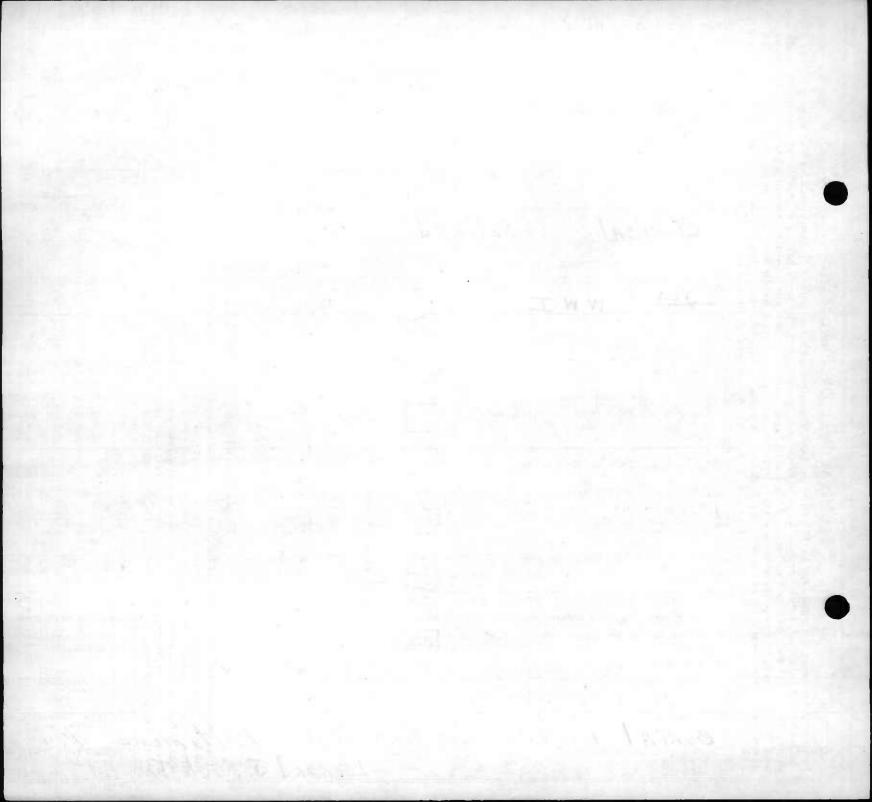
use; (5) cause

eat

prior

contributing (4) Undetermined is made regular eceased disposition = Was the eath LO any unced 0 attend 0 embalmed prono fracture the chief medical examiner a n 6 9 10 are 4 n physician before the remains Was physician (2) Body 0 ere to the hospital <sup>o</sup>Z any nature; × obtained 9 approved (except and o hospital death) certificate must be the body was released must An accident 0 approval 0 prior at deceased 0.0 shows: Was

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. Registered No. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY A. STATE FULL NAME OF (If not in hospital or institution, give street oddress or location) (If outside city limits, write RURAL and give township INSTITUTION CHURCH HOME D. STREET ADDRESS WAVERLY WAY 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 24 Hrs. B. DATE OF BIRTH If Under 1 Yr. Months: Doys Hours WIDOWED, DIVORCED (specify) lost birthdov 4-17-1901 16A USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or ynking wn) (If yes, give wor or dotes of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED Inadequate 20 A. AUTOPSY? (Yes or No 208. IF YES, WERE FINDINGS CONSI WERE FINDINGS CONSIDERED 1/16/65 orlation nene 21 B. CLACE OF NJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) etc.) MEDIC 21 D. TIME (Hour) (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX.) Work At Work 22. I certify that (this hospital) attended the deceased from... that (M) (we) lost sow the deceased alive on.... 19 and that in (put) (our) opinion death occurred on the date and hour and from the couses stated above. (# (We) (did) (die not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. M.D. Med. Stoff Director Phys. 23C, PHYS/CIAN'S 23D. ADDRESS NAME (Type) S. GREGORY JAMES M.D. 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65

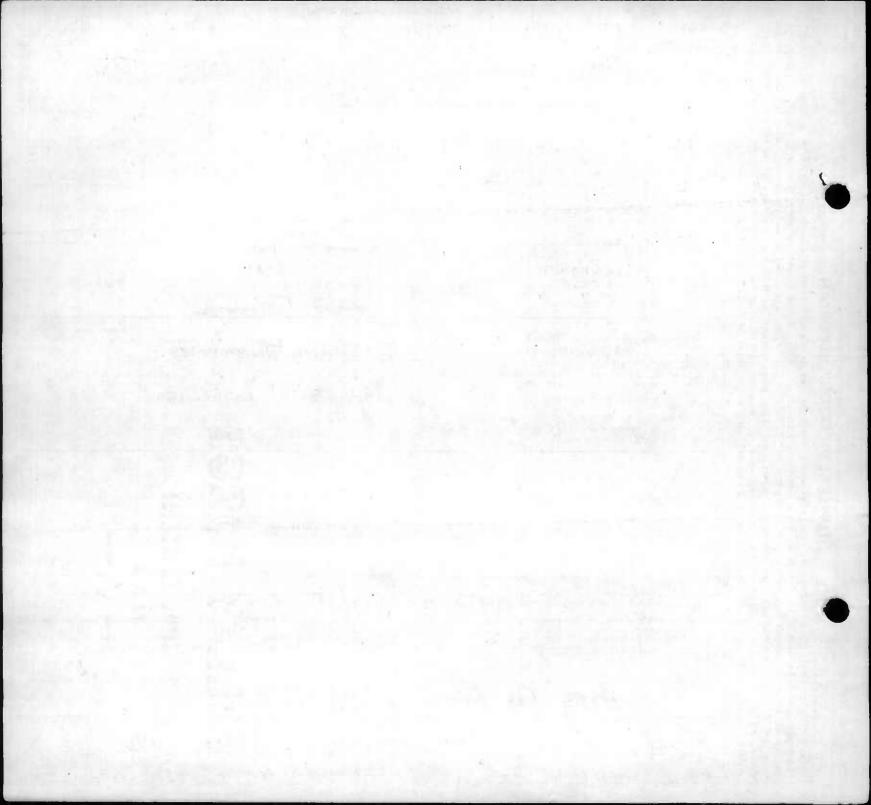


VS 151-REV. 1/1/65

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		BALTIMORE CITY	HEALTH DEPARTMENT	CF 0000
	H NO. 65 0699	CERTIFICA	TE OF DEATH Registered No.	65 0699
1, N.	AME OF DECEASED	m A	2. DATE AND HOUR OF DEATH	130
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	/(4	4. USUAL RESIDENCE (Where deceosed lived. )f in	stitution: residence before odmission)
H	ULL NAME OF (If not in haspital or institu IOSPITAL OR address or lacation) USTITUTION	tion, give street	C. CITY OR TOWN (If outside city limits, write I	RURAL and give township)
- 11		lachital	Baltimere	5.3-00
	Franklin Square H	03/01/12/	D. STREET ADDRESS (If rurol, give location) 6503 Green 3 pring	Зон
5. S		RIED NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (1) years lost birthdby)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIN during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
30114	Housewife		Germany	U.S.
13. [	ATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Unknown		Unknown	
5. \	Vas Deceased Ever in U. S. Armed Forces? ,na ar unknawn) (If yes, give war ar dates of serv	1 6. SOCIAL	17. INFORMANT	ADDRESS
163	, no of onknown, in yes, give war of ones of serv	SECURITY NO.	Hospr. REconos	
	18. // 4) //	CAUSE O	F DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		21 1 1	ONSET AND DEATH
	LEADING TO DEATH	(A) C	oronary thrombosis	
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	e.g., DUE TO		B.
	injury or camplication which coused deoth.)	Y	Myocardiol Infarctio	
	ANTECEDENT CAUSES	(B)	190 Caralo 1 Angararo	3
	DISEASES OR CONDITIONS, if any, g	iving		
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)		
Z	OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING		
ATIC	TO THE DEATH BUT NOT RELATED TO	THE		
ERTIFICATION		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA.	FINDINGS CONSIDERED USES OF DEATH?
0	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicot examinet)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)	n or obout 21 C. WHERE DID (If in Boltimore INJURY OCCUR?	e City, give exact lacation)
EDI	21D. TIME (Manth) (Day) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
8	(APPROX.)	White At Not Whi)	e .	
	22. I certify that (!) (this haspital) attend		1 1 25	19
			191910191919191919191919191919191919191919	
				man death accurred on the dat
	and haur and from the causes stated above 23A, SIGNATURE	ve. (me) (ald) (did not) v	riew the body offer death.	23 B. DATE SIGNED
	23A. SIGNATURE	M.D. And	ending Med. Staff	23B, DATE SIGNED
	000	Phy	s. Director Phys.	17/64
	23C. PHYSICIAM'S RAME (Type) Byong Kon	Kim M.O.	Franklin Square Hos	SP
24A	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 24D. CATION (CI	ty, town, or county) (State)
	Buryal 1/19/1965	OHEB SH	910m B9170.	MA
25A	DATE REC'D BY HEALTH DEPT. 258. NA		25C. FUNERAL DIRECTOR	ADDRESS
	AN 20 1965 AD R. C 2	2. On MA	SYLVAN S. LEWIS + SON-3	3319 OLYMPIA AUG
VC	TO THE LOCAL CONTRACTOR OF THE PARTY OF THE	CARROL VIII		



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

the body was released to the hospital by a

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

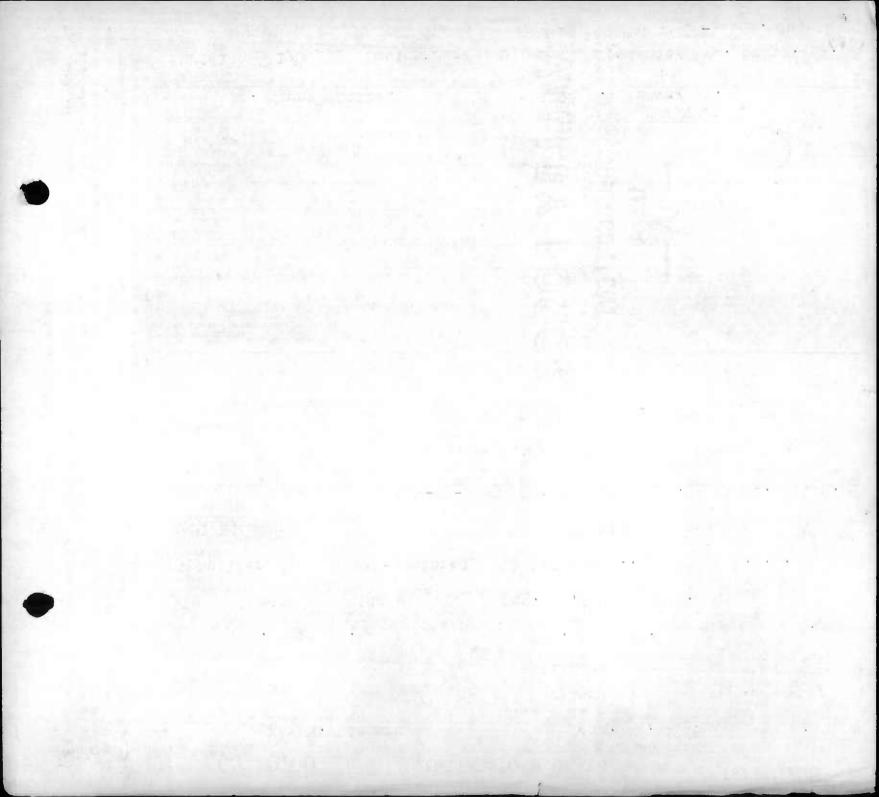
BIRTH NO.	CE O	100		TE OF DEATH	Registered Na	65 0700
M.E. CASE	E NO. DO U	700	CERTIFICA		No. House or pressu	
(Type of Pr	OF DECEASED	17 374			ND HOUR OF DEATH	, la D
2 81 4 5 5	OF DEATH IN BALTI	x H. Niem	ann		19, 1965	stitution: residence before odmission
		in hospital or institutio	a give sheet	A. STATE B. COUR	NTY	23-0/
HOSPITA	AL OR oddres	s or locotion)	n, give sheel	C. CITY OR TOWN (If or	utside city limits, write R	URAL and give township)
INSIITO	IION			Baltimore		
				D. STREET ADDRESS (If	rurol, give location)	
	17 W. W	Test St.		17 W. West	St.	
5. SEX	6. RACE	WIDOV	D, NEVER MARRIED VED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
male		te Wid	OWOC	Nov. 12,1898	66yrs.	12. CITIZEN OF
	most of working life, eve		OF BOSHIESS ON HEDOSINI	TI. DIRTITION CE (SIGNE OF TOTAL	argii coomiy,	WHAT COUNTRY?
ship	builder	self	-employed	Baltimore M	d.	U.S.A.
13. FATHER	R'S NAME			14. MOTHER'S MAIDEN NA	ME	
Cer	1 Niemann	2		Friederi	cka Grenze	mann
15. Wos De	eceased Ever in U. S.		1 6. SOCIAL SECURITY NO.	17. INFORMANT	ena di chize	ADDRESS
no	no	one	217-03-0697	Maxine Rel	1 17 W. We	st St. Balto.
18. /	12011		CAUSE O			INTERVAL BETWEEN
7	DISEASE OR CONE	DITION DIRECTLY				ONSET AND DEATH
	LEADING T			ary occlusion		l hour
		made at dying, e. It means the diseas				
	ar camplication whi		Arteri	lo sclerotic h	eart diseas	e 3 years
	ANTECEDEN	T CAUSES	(B)			
		ONS, if any, givi	na			
	ta the abave c ERLYING CONDITIO	ause (A) stating t N last.	he (C)	######################################		
	- 11					
O OTHE	R SIGNIFICANT CON THE DEATH BUT ASE OR CONDITION	DITIONS CONTRIBUT	ING THE			
		198. CONDITION FO	R WHICH OPERATION	20 A. AUTOPSY? (Yes or N	O) 208. IF YES, WERE F	INDINGS CONSIDERED JSES OF DEATH?
OR CO	CCIDENT WAS UND ONTRIBUTING CAU I (notify medical exam	JSE OF	18. PLACE OF INJURY (e.g., in ome, form, factory, street, of ctc.)	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
		oy) (Yeor) (Hour) 2	1E. INJURY OCCURRED	21 F. HOW DID IN.	JURY OCCUR?	
OF IN.			While At Not While			
			Work Al Work	177169	1/10	9/65
22. 1	certify that (I) (thi	s hospital) attended	The deceased from		. 17	
that (	l) (we) last sow th	e deceased olive a	1 1/19/02	19and tl	hat in (my) (aur) apir	nian death accurred an the dat
		auses stated above.	(I) (We) (did) ( <del>did not</del> ) v	iew the bady after death.		
23A. SI	GNATURE	bleile	M.D. Atte	minding Med. Director	Stoff	1/20/65
23 C. Ph	HYSICIAN'S			s. Director	Phys.	
	AME (Type)	mmer Dod's			11 0.	
0.14	Dr. Ha				Hanover St	
REMO	AL CREMATION, 24E OVAL (Specify)	3. DAIL 24C.	NAME of CEMETERY OF CRE	MATORY 24D. I	LOCATION (Ci	ly, lown, or county) (State)

Cemetery Frederick Ave. Balto Md (30)

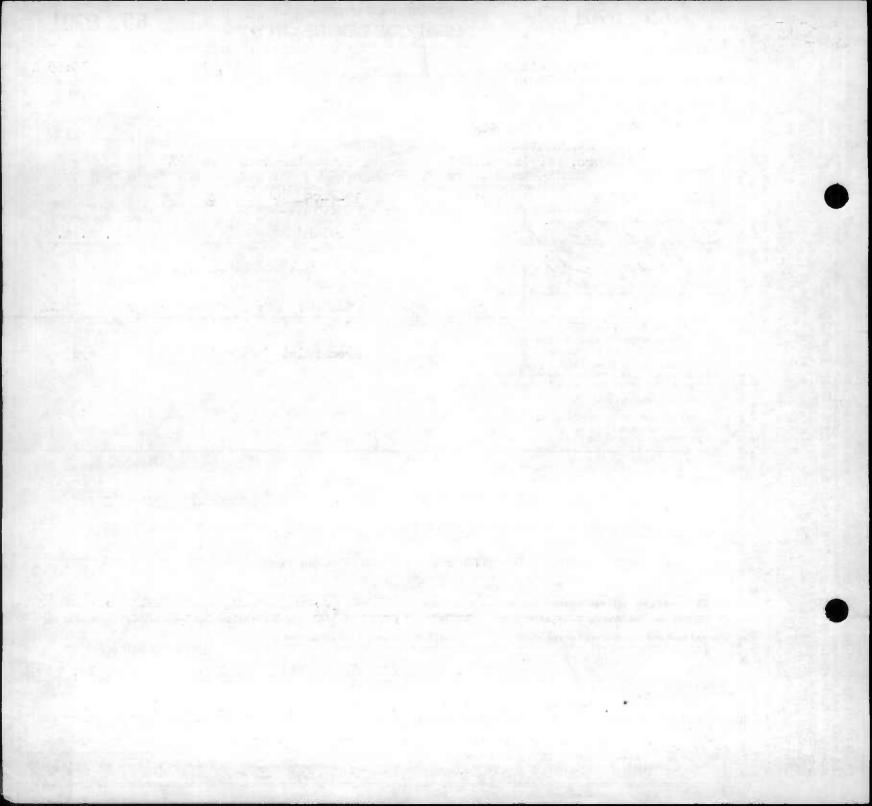
RRAUSE FUNERAL HOME 12165. Charles St.

Burial 1/22/65 Loudon Park C 25A. DATE REC'D BY HEALTH DEPT. 25R. NAME OF REGISERAR JAN 20 1965 Robert E. Schuller

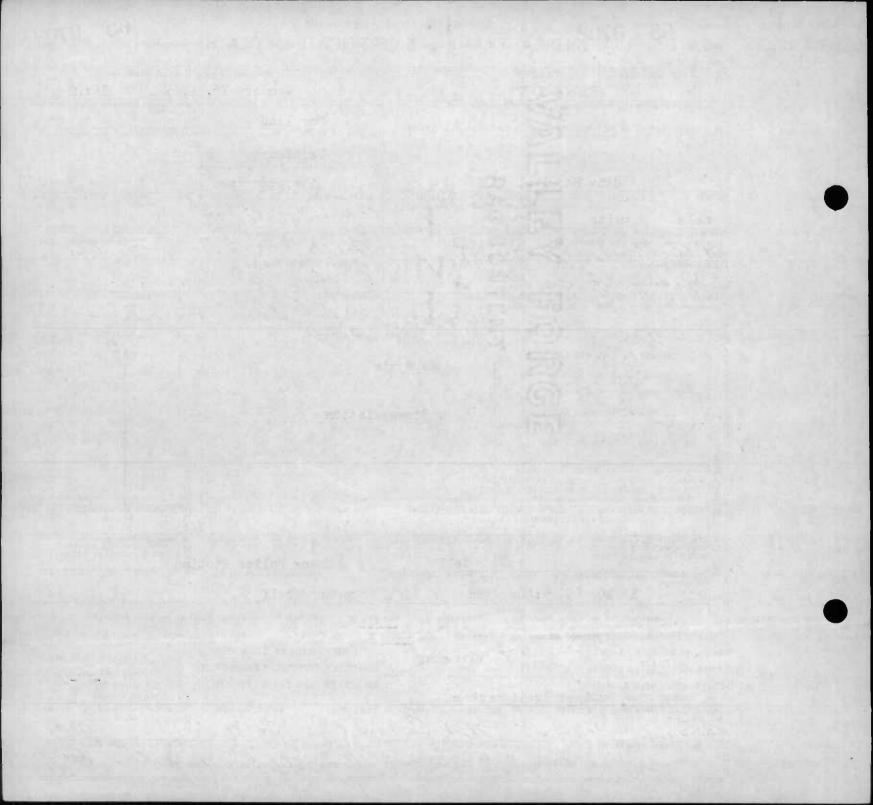
VS 150-REV. 1/1/65



	65 0701		BALTIMORE CIT	Y HEALTH DEPARTMENT		CE OF	14
	H NO.		CERTIFICA	ATE OF DEATH	Registered No	. 65 070	)1
1, N.	AME OF DECEASED		-		ND HOUR OF DEATH		
(Тур	e or Print) John	Reiter		Janua	ry 18, 1965	10:	:55 A
. P	LACE OF DEATH IN BALTIMORE,	MARYLAND		4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived. If		
F	ULL NAME OF ((If not in has)	oital ar institution, give str	eet	Maryland			
	ALCT/THITION!	City Hospitals			utside city limits, write	RURAL and give lawnship	
	4940 Easter			Baltimore D. STREET ADDRESS (		3300	10
		Maryland 2122	,	310 Poplar R	rural, give location) oad 2122	1	
5. S		7. MARRIED, NEVER		B. DATE OF BIRTH			1 04 1
	6. RACE	Married	RCED (specify)	12-8-99 88	9. AGE (In years last birthday)	If Under 1 Yr. If Un Manths Days Haurs	Min.
	USUAL OCCUPATION (Give kind of		ESS OR INDUSTR	Y 11. BIRTHPLACE (State or for	eign cauntry)	12. CITIZEN OF WHAT COUNTRY?	
lone	during most of working life even if reti	or to		Maryland		U. S.	
3.1	FATHER'S NAME	ofeured		14. MOTHER'S MAIDEN NA	AMF	0. 0. 1	7.0
(	Adam)	Peiter		(D) M	unniga	in)	
5. V Yes	Was Deceased Ever in U. S. Armed		CIAL CURITY NO.	17. INFORMANT		ADDRESS	
		215	07-2283	RECORDS: BCH	: 4940 East	ern Avenue #2:	1224
	1B. 22011			OF DEATH		INTERVAL BET	
	DISEASE OR CONDITION						- 10111
	LEADING TO DEA		(A)	Myocardial I	nfarction	5 Days	
	(This daes not mean the made heart failure, asthenia, etc. It me		DUE TO				
	injury as camplication which cas	used death.)					
	ANTECEDENT CAL	ISES	DUE TO	*****************************	•		
	DISEASES OR CONDITIONS,						
	rise to the above cause UNDERLYING CONDITION tast		(C)	0-500 A A A A A A O C A C C C C C C C C C C C	00000-1000-01000	n n 0n Cárda 6 <b>0 an</b> 1 0 0 0 n 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1	
	11						
NO	OTHER SIGNIFICANT CONDITION					2 Dann	
ATIO	TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI	RELATED TO THE		Pneumonia		3 Days	
	19A. DATE OF OPERATION 198.	CONDITION FOR WHICH PERFORMED	OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?	
CER	21A, ACCIDENT WAS UNDERLYIN	1G 218. PLACE	OF INJURY (e.g.	in ar about 21 C. WHERE DID	(If in Boltime	are City, give exact lacatio	n)
AL	21 A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	hame, form	, factory, street,	affice bldg., INJURY OCCUR?	•6111110	Jilly give excel locollo	
2	21 D. TIME (Month) (Day) (Y		Y OCCURRED	215 NOW 515 15	IIIAN OCCUM		
VE	OF INJURY	While At	Not WE	21 F. HOW DID IN	JUKT OCCUR:		
	(APPROX)	Wark	At Wor	k L_			
	22. I certify that (1) (this has						19 65
	that (I) (we) last sow the dec	eosed olive on Jar	muary 18,	19 65 ond t	hat in (my) (our) a	oinion death occurred	on the d
	and hour and from the couses	stated obove. (1) (We)	(did) (did nat)				
	23A. SIGNATURE	M	1			238. DATE SIGNED	
	en	Carles	M.D. A	ttending Med.	Stoff Phy s.	-	70 (
	23C.PHYSICIAN'S		P	23D. ADDRESS	rnys. LALA	January 18,	19 6
	NAME (Type)					00.1	
		ert Cooke	M.D	4/40 Dab octi			
24A	BURIAL CREMATION, 248. DAT	24C. NAME of	CEMETERY OF C	REMATORY 24D.	LOCATION	City, lawn, or causty)	(State)
13	Jusial 1-21	-64 Jac	ed He	eart 6	alto, Co	· ma	,
25A	. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGI	STRAR	25C. FUNERAL DIRECTO		ADDRESS	,
	JAN 21 198	is of Part E	Jankey M. a	Connelly	300 Mace	ave Back	0, 2,
VS 1	150-REV. 1/1/65	MUNAUT	-	1			



VS 151-REV. 1/1/65



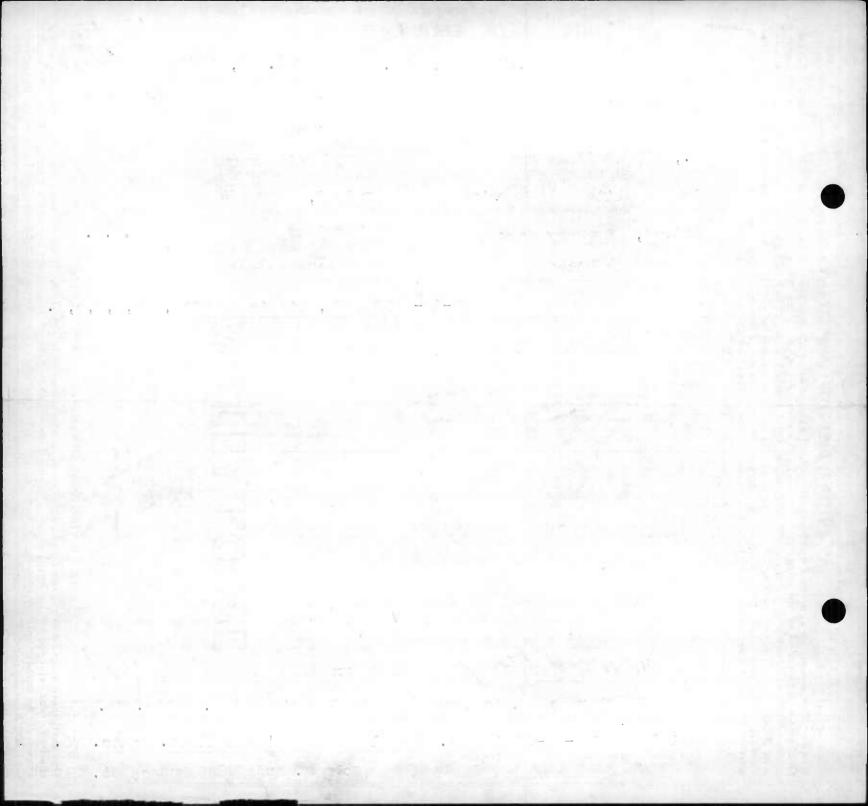
M.E. CASE NO.65 0703	CERTIFICA	TE OF DEATH Registered No.	65 0703
1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
CHARLES J.	SCHULTZ, SR.	Jan. 17, 1965	9:30 P
3. PLACE OF DEATH IN BALTIMORE, MARYLANI	D	4. USUAL RESIDENCE (Where deceosed lived, If A. STATE B. COUNTY	institution: residence before admission
FULL NAME OF (If not in hospital or institution)  INSTITUTION	tution, give street	Maryland C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)
		Baltimore	
Res., 2536 Fait Avenue	е	D. STREET ADDRESS (If rurol, give location) 2536 Fait Avenue	
5. SEX   6. RACE   7. MA	RRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
	powed, divorced (specify)	July 1, 1900 64	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)  Retired, Brewery Wo:	rker	Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John Schultz		Martha Schultz	
15. Was Deceased Ever in U. S. Armed Forces?	1 6, SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of se $\mathbb{N}^{\!$		Wife, Tillie Schultz	, #4,a,b,c,d.
18. 14.	CAUSE O		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		rcinoma of Throat	8 yrs
(This does not meon the mode of dying, heart foilure, osthenia, etc. It meons the di	seose,		
injury or complication which coused death,	(B)		
DISEASES OR CONDITIONS, if any,	DUE TO		
rise to the obove couse (A) stoling			
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19-A. DATE OF OPERATION 1198. CONDITION		190 A ALEXANDERS (V. N. N. N. 200 LE VICE NATIONAL DE LA VICE NATI	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		NO 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or about 21C, WHERE DID (If in Baltimo fice bldg., INJURY OCCUR?	re City, give exact location)
O 21D. TAME (Month) (Day) (Year) (House	21E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
OF INJURY	While At Not While Work Not Work	e	
22. I certify that (I) (this hospital) atter	ided the deceased from J	anuary 6 1965 to Ja	nuary 17 19 65
that (I) (we) last saw the deceased aliv	on January 17	19 65 and that in(my) (aur) ap	inian death accurred an the da
and haur and fram the causes stated abo	ave. (1) (We) (did) (did nat) v	iew the bady after death.	
23A. SIGNATURE	0./		23B. DATE SIGNED
Clarence W. Les	M.D. Atte	ending Soft Phys.	1/19/65
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
Clarence W		3023 Eastern Ave. Ba	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE	MATORY 24D, LOCATION (C	city, town, or county) (State)
Burial Jan-21-19	65 Mt. Carme	1 O'Donnell St	. Balto. Md.

JAN 21 1965

25C. FUNERAL DIRECTOR ADDRESS

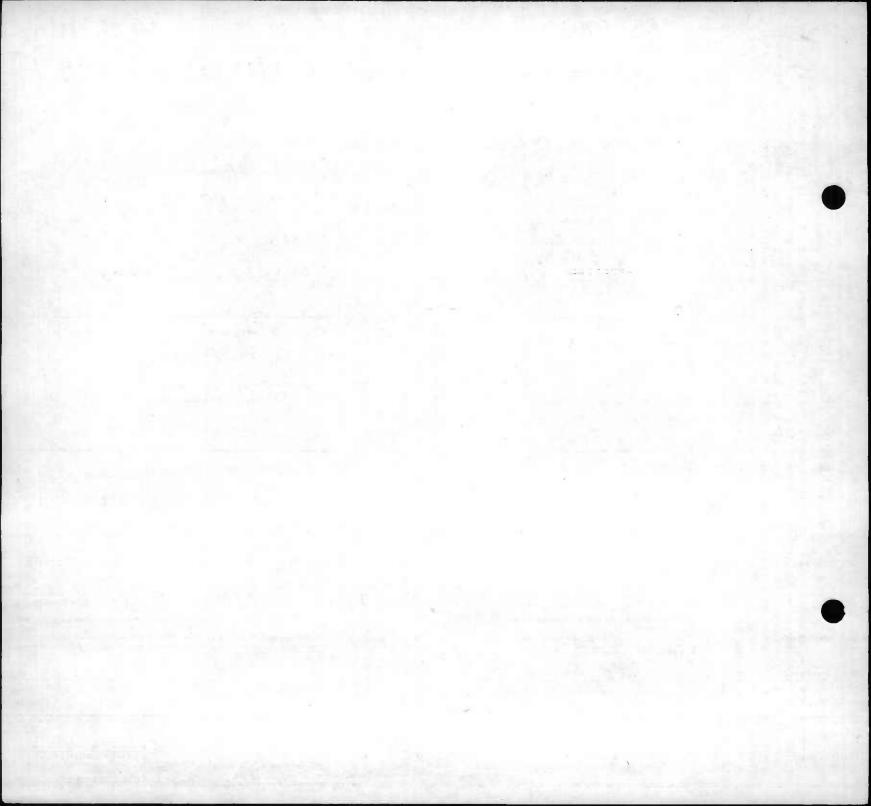
J. Duda 2829 Hudson St. 21224 Md

VS 150-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained heters the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 65 0704	CERTIFICA	TE OF DEATH	Registered No	65 0704
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AN	NO HOUR OF DEATH	
Type or Print) BAGNARE L.	Li MR. JAG	URS 11	19/64	245 D
PLACE OF DEATH IN BALTIMORE, MARYLANI	0	4. USUAL RESIDENCE (Wile A. STATE B. COUN	re deceosed lived. If ins	titution: residence before admitsia
FULL NAME OF (If not in hospital or instit	tution, give street	MARYCAN	0	0-01.
HOSPITAL OR oddress or location)	/	C. CITY OR JOWN (III ou	tside city limits, write R	URAL and give township)
MARY LAND (	TENERAL	D. STREET ADDRESS	rurol, give location)	
		1127	Brentum	ed AUR.
	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H. Months Doys Hours Min.
MW		12/29/74	70	
NA, USUAL OCCUPATION (Give kind of work 108, KI one during most of working life, even if retired)		11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
· Proj manua	ter Meter Reader	1 taly	142	U.S.
3. FATHER'S NAME Louis P	00.	14. MOTHER'S MAIDEN NA	ME	( , , , , , , , , , , , , , , , , , , ,
्रांक्लाहरू । 3 व	gnarelli	MARGI	certa oc	proni
5. Was Deceased Ever in U. S. Armed Farces? les, no or unknown (If yes, give war or dates of se		17. INFORMANT	00	ADDRESS
no	212-18-8988A	Mande De	agnare le	i same
18.	CAUSE O	DEATH tie 1	le man	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1	Thines Cis	hoa. I	
(This does not meon the mode of dying,	, e.g., DUE TO	A a v C	***************************************	
heart failure, asthenia, etc. It means the di injury or complication which caused death.	sease,	P. 1	0.	
ANTECEDENT CAUSES	(B) DUE TO	Kenal for	i i will	
DISEASES OR CONDITIONS, if ony,	giving			
rise to the above cause (A) stating UNDERLYING CONDITION last.	g lhe (C)			www.aa.ca.ca.ca.ca.ca.ca.ca.ca.ca.ca.ca.ca.
11				
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED 1 DISEASE OR CONDITION CAUSING IT.	BUTING TO THE			
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No	20B. IF YES. WERE F	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		7010131.110	IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTION COLUCE OF	21 B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	Of in Baltimore	City, give exact location)
DEATH (notify medical examiner)	etc.)	ince bidg., INJOR! OCCOR:		
21D. TIME (Month) (Doy) (Year) (Hou	1) 21E. INJURY OCCURRED	21F. HOW DID IN	URY OCCUR?	
(APPROX)	While At Work Not While At Work			
22. I certify that (1) (this hospital) atter		1/4	19 65 to E	118 19 61
that (I) (we) last sow the deceased aliv	2 / 1 //	19 EC and th	not in (my) (our) opin	ian death occurred on the d
ond hour and fram the causes stoted ob		•	,, (00., 00	
23A. SIGNATURE				23B. DATE SIGNED
Con Hyun	Serta M.D. Att	ending Med.	Stoff Phys.	1/19
23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS		
Tag Humal	SOMA! M.D.			
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (Cit	y, town, or county) (State)
Burial 1/23/65	Garden of Faith	Ro	ltimore Coun	ty Meryland
	IAME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
JAN 21 1965 R.C	Leub E. Jankey M.A.	Seitz Funera	Loriome 5209	York Road
/S 150-REV. 1/1/65		Qualmir 171 x	elect HOLT	0. ma. 21212



EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED.

PLEASE WRITE THE CAUSES OF DEATH CLEARLY AND LEGIBLY.

VS 150

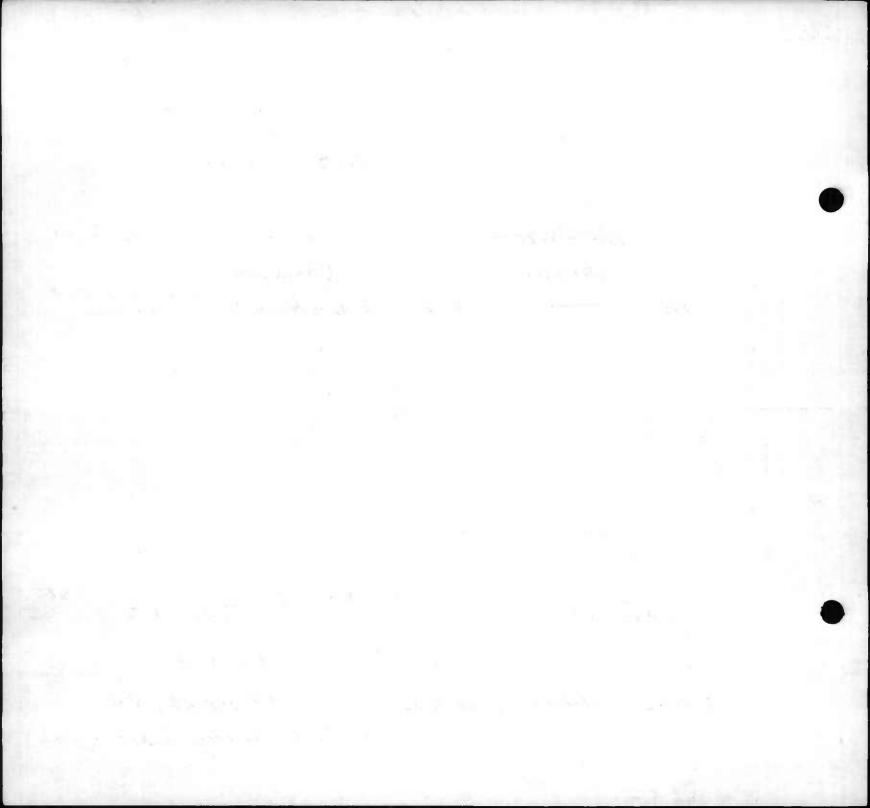
BALTIMORE CITY HEALTH DEPARTMENT

65

ВІ	RTH NO. 65	0705		CERTIFICATE	OF DEA	TH >	< R	egistered	N6:-	1705
	NAME OF DECE ype or Print)	ASED Lill	ie Bry	ant			2. DAT	anuary	18, 196	5
3.	PLACE OF E FULL NAME OF HOSPITAL OR INSTITUTION	DEATH IN BALTIMO  IF NOT IN HOSPITAL OR IN: ADDRESS OR LOCATION!  Midtown Hor  808 St. 1  Balt,	ititútion, give ne Paul St	STREET	A. STA	OR TOWN	Vhere deceased lived. I OUNTY BALTIM (If outside city lim	ORE	AL end give low	
5.	SEX -	6. COLOR OR RACE	WIDO	GLE, MARRIED, WED, DIVORCED (Specify)	8. DATE	OF BIRTH	9. AGE (In yee lest birthdey)			f Under 24 Hrs Hours Min.
do		PATION (Give kind of working life, even if relired		D OF BUSINESS OR INDI		VIRCII HER'S MAIDEN N	NIA	t2	CITIZEN OF WHAT COUN	ITRY?
		Ver in U. S. Armed Forces? (If yes, give wer or dete		16. SOCIAL SECURITY NO.	17. INFO	DNKNO		602 M ESSE		SAUK,
ERTIFICATION	(This daes not heart failure, a heart failure, a injury ar come At DISEASES Or rise to the UNDERLYING	OR CONDITION DIRE  EADING TO DEATH  It mean the made of dy  asthenia, etc. It means th  application which caused  NTECEDENT CAUSES  R CONDITIONS, if ar  above cause (A) sto  CONDITION last.	ving, e.g., e disease, d death.) ay, giving ating the	(A) DUE TO	arter	- Respected them where	maty ) mulage cotic C	aller 1VIX	INTERVAL ONSET AN	
ပ	PART I OR PAR	RT II	19A. DATE O	OF OPERATION	WAS PERFO				YES T	NO 🗌
MEDICAL	OR CONTRIBU DEATH (notify	NT WAS UNDERLYING ☐  ITING ☐ CAUSE OF medical examiner)  (Month) (Dey) (Yeer)	(Hour)		et, office bldg.,	21F. HOW DID		imore City, gi	ve exect location	)
	20	(my) (our) opinion of	leoth occu	led the deceosed from , that (I) (we) last irred at	sow the dece		I pon the dote stated Heights		C. DATE SIGNE	1961
1	A. BURIAL, CREINOVAL (Specify	MATION, 248. DATE	240	FORD HILL			LPNOHBU		vn, or county)	(Slate)
25	A. DATE REC'D E	JAN 21 1965	Robert State	AE STANGE	4.A 25C	Twens	Buller	, Du	NDALK	PRESS

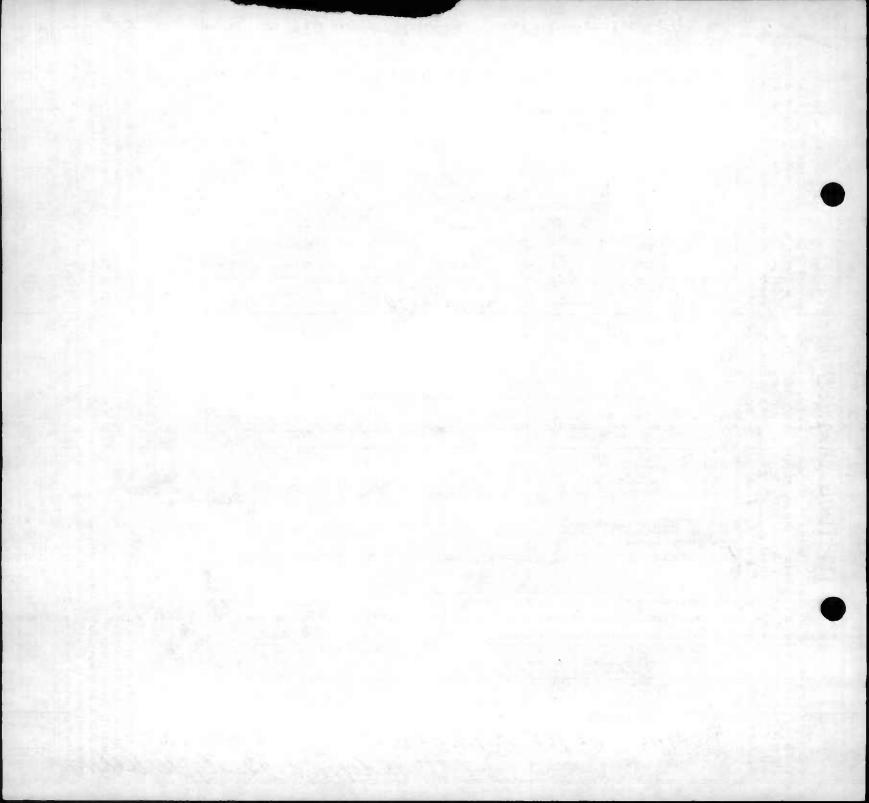
25B. NAME OF REGISERAR
Roberto E. Falkert

25C. FUNEBAL DIRECTOR



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

CE 0500	8	- AND THE STATE OF		
ыктн но.65 0706	CERTIFICA	ATE OF DEATH	Registered No	65 0706
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)	0/	2. DATE AN	D HOUR OF DEATH	
Ella UIR	ginia Stall		- 19-65	1105 A
PLACE OF DEATH IN BALTIMORE, MARYLA	ND	A. STATE 8. COUN	TY O	itution: residence before odmissio
FULL NAME OF (If not in hospital or ins	stitution, give street	Md.	BAltimore	
HOSPITAL OR oddress or locotion) The Hospita	1 fox The	C. CITY OR TOWN (If out	/ . /	IRAL and give township
. 1		D. STREET ADDRESS (III	notation of the state of the st	20-00
Women 07	f md.	1311 7	BAllard L	JAY
	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
+ W	Widowed	1-11-1892	72	
OA, USUAL OCCUPATION (Give kind of work 10B, one during most of working life, even if retired)			1	12. CITIZEN OF WHAT COUNTRY?
none		· Mary	And	· USA.
3. FATHER'S NAME	CI .	14. MOTHER'S MAIDEN NAM	Elizabeth	2001
GEORGE HENR	y Chaney	Jennie	6/12abeth	18) Kenney
5. Was Deceased Ever in U. S. Anned Forces? Yes, no or unknown) (If yes, give wor or dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS /
00	716-10-3187R	C	hart	
18. 422.11	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	LY	1. 1	. 17	ONSET AND DEATH
LEADING TO DEATH  (This does not mean the made of dying	(A) ng, e.g., DUE TO	Cerproves enlar	accident,	<b>)</b>
heart failure, asthenia, etc. It means the injury or complication which coused dea	diseose,	henore	,	The second second
ANTECEDENT CAUSES	(B)	4 Cargary	ye -	AAA AA - OHOO OO O
DISEASES OR CONDITIONS, if any,	DUE TO	M ( A 11 D		
rise to the above cause (A) state UNDERLYING CONDITION lost.		ASCUD.	,	
		(arlens clashe	Cardiovas artar	
O OTHER SIGNIFICANT CONDITIONS CONT		Descerse )		
DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
WAS PERFORM U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(II in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?		
O 21D. TIME (Month) (Doy) (Year) (H.	our) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not Wh	ile 🗀		
	Work At Work		15	-19
22. I certify that (I) (this hospital) at	rended the decased from	10 LA	19 60 to	19 6
that (I) (we) lost sow the deceased of			ot in (my) (out) apini	on death occurred on the d
ond hour and from the causes stated a	bove. (I) (We) (did) (did not)	view the body ofter death.	- 1	23B. DATE SIGNED
Chair (V	A. I T M.D. AI	tending Med.	Stoff 7	1-19-65
23C. PHYSICIAN 5- NAME (Type)	Appens , by	ys. Director 23D. ADDRESS	Phys.	(-14 10
	oppies M.D	. Womens A	plin.	Bult. 17 h
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CI	(	CATION (City	, town, or county) (State
REMOVAL (Specify) 1/22/15	ME ADALIBURA	E 3	REEY, N	Act-
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		A STORESS
JAN 2.1 1965 (0	P. F. F. Fr. O. M.D	Sellande la	Eadler, D.	which, Mil
VS 150-REV. 1/1/65	A CONTRACTOR OF THE PARTY OF TH	7,00,00	1.,	

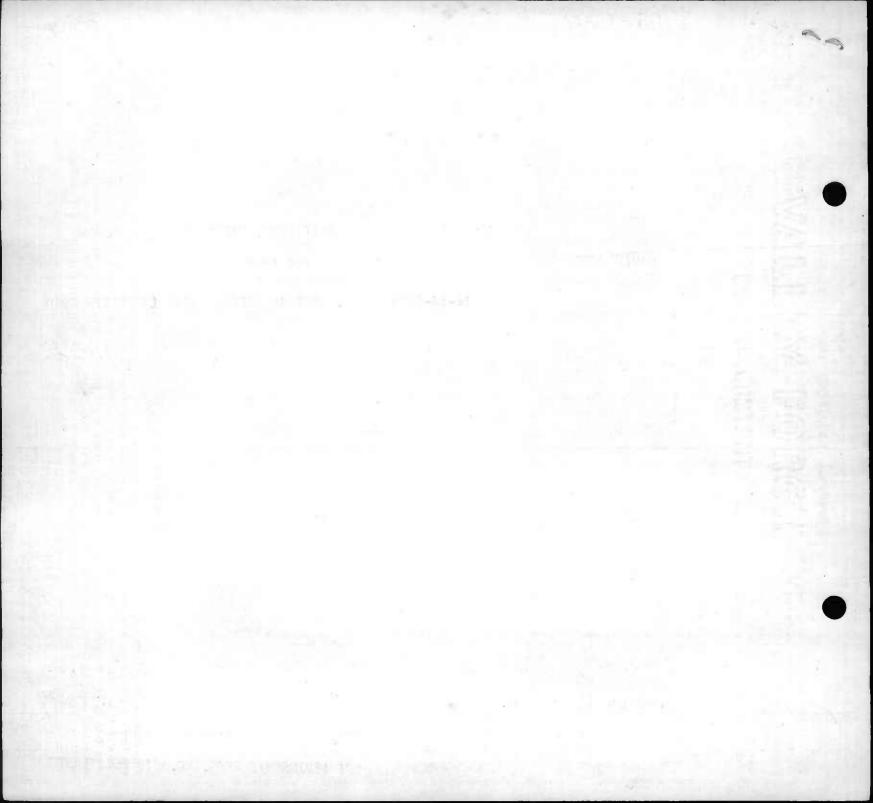


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

Such

6 C C C C C C C C C C C C C C C C C C C		BALTIMORE CITY	HEALTH DEPARTMEN		
BIRTH NO. 65 0707		CERTIFICA	TE OF DEAT	H Registered No.	65 0707
M.E. CASE NO.  1. NAME OF DECEASED		~ ~		TE AND HOUR OF DEATH	- 1000
Type of Print) KATZE 1	4 7	DE DE	VA J	an 20, 1961	5 6 1.
PLACE OF DEATH IN BALTIMORE, MARY	LAND			(Where deceased lived, If in:	stitution; residence before admissio
FULL NAME OF (If not in hospital or address or lacotion)	institution,	give street	C. CITY OR TOWN	BALTIMORE (If autside city limits, write R	27-2-6
INSTITUTION			Rall	MORE CHY HIMIS, WITE K	OKAL ONG GIVE IOWNSHIP!
Johns Hopkins 1205	>17/10	-)	D. STREET ADDRESS	(If rural, give lacation)	
			3,05 LA	rburlinth R	D,
SEX G. RACE 7.	WIDOWE	NEVER MARRIED D. DIVORCED (specify) OWED	ANG 8, 189	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work)	B, KIND OI	BUSINESS OR INDUSTRY	11. BINTHPLA CE (State		12. CITIZEN OF WHAT COUNTRY?
He USEWYFE	A	T HOME	BAITTMO	RE, MARYLAND	USA
3. FATHER'S NAME			14. MOTHER'S MAIDER		ush
DAVID MOSS			IDA	LAND	
5. Was Deceased Ever in U. S. Armed Farce		1 6. SOCIAL	17. INFORMANT		ADDRESS
(es, na ar unknawn) (If yes, give war ar dates	of service)	218-34-2328	MR REDTOA	M KATTEN 3105	KABYRINTH ROAD
18. / (2.2.7)		CAUSE O		WINTELL DIOD	INTERVAL BETWEEN
DISEASE OR CONDITION DIREC	CTLV		9		ONSET AND DEATH
LEADING TO DEATH	CICI	6-	LIOB LASTON	A D PARTETA	L 11 Week's
(This daes nat mean the made of d		DUE TO		) · · · · · · · · · · · · · · · · · · ·	
heart failure, asthenia, etc. It means the injury or complication which coused d					
ANTECEDENT CAUSES		(B)		8 & \$\$\$\$\$\$\$\$\$ \$\$\$ \$\$\$\$# a a a a \$\$\$\$# a a a a	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
DISEASES OR CONDITIONS, if an	v giving	DUE TO			
rise to the above cause (A) s		(C)	) da áw 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	*************	
UNDERLYING CONDITION last.					
2					
OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTINED TO TH	E E			
DISEASE OR CONDITION CAUSING IT.	TION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WERE F	INDINGS CONSIDERED
12-15-64 WAS PERFO	RMED		MA	IN CERTIFYING CAL	ISES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B	PLACE OF INJURY (e.g., i			City, give exact lacation)
OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	han etc.	ne, farm, factory, street, o	ffice bldg., INJURY OCC	J R?	
21D. TIME (Manth) (Day) (Year)	(Haur) 21E	INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
OF INJURY (APPROX)		ile At Nat Whil	e []		
20 1 1 1 10 1 1 1 1	Wo			19 6410 5/	1 20 10 (0 S
22. I certify that (1) (this hospital)		1 - 1 12 1	the second secon		
that (1) (we) lost sow the deceased	olive on	20 011010	19 (2.5	nd that in (my) (our) opir	nion death accurred on the d
and hour and from the causes stated	d obove.	(Me) (qid) (qid Hot)	riew the body ofter de	ooth.	
23A. SIGNATURE					23B. DATE SIGNED
Trincola Jeen	120	M.D. Atte	ending Med.  Director	Stoff Phys.	Jan 20, 1965
23C. PHYSICIAN'S NAME (Type)	7		23D. ADDRESS		
LINCOLN JEANDS	JR.	M.D.	Johns lour	okins leasp. 601	N. BROADWIG
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. N	AME of CEMETERY OF CR	EMATORY 2	4D, LOCATION (Cit	y, tawn, or county) (State)
	RE	TH HAMEDRACH L	IAGODOL	BALTIMORE	MARYLAND
			25C FUNERAL DIRE	CIOR	ADDRESS
BURIAL 1/21/63 25A. DATE REC'D BY HEALTH DEPT. 22		TH HAMEDROSH H	25C FUNERAL DIRE	CIOR	MARYLAND 6010 REISTERSTOW

BURIAL 1/21/65 BETH HAMEDROSH HAGODOL
DEPT. 125B. NAME OF REGISTRAN MAN 25C. FUI
SOI BALTIMORE MARYLAND 25C. FUNERAL DIRECTOR
SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD 1965 V\$ 150-REV. 1/1/65



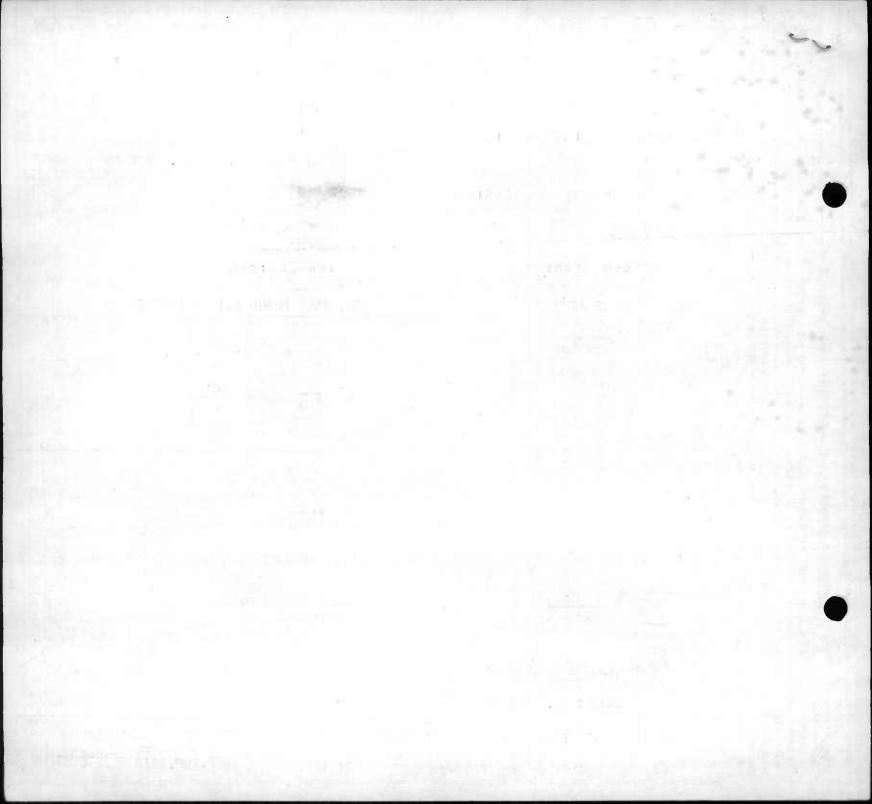
	BALTIMORE CITY HEALTH DEPARTMENT		112	Aug. C
	CERTIFICATE OF DEATH	Registered Na.	00	11708
WII: N	2. DATE AN	ID HOUR OF DEATH		230

M.E. CASE NO.		CERTIFICA	TE OF DEATH	Kegistered Na.	3743
T.NAME OF DECEASED (Type or Print)		Deane		Jan 19, 19	stitution: residence before odmission)
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE IWI	fere deceased lived. If in INTY	stitution: residence before odmission)
FULL NAME OF (If not in hospital		ive street	MARYLAND	4	21-20
HOSPITAL OR oddiess or location			C. CITY OR TOWN (IF		RURAL and give township)
THE JOHNS HOPKINS	HOSPIT	AL	D. STREET ADDRESS	_	
			3810 FAL	LSTAFF RD.	APT 2B
5. SEX 6. RACE W HITE		NEVER MARRIED DIVORCED (specify)	O DATE OF STR	9. AGE (In years lost birthdox)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of wordone during most of working life, even if retired)	LAW		NORFOLK,		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	1		14. MOTHER'S MAIDEN N	AME	
JOSEPH DEANE			IDA ELL	ISON	
15. Was Deceosed Ever in U. S. Armed Fo (Yes, no or unknown) lift yes, give wor or dote	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
YES WW 2 ARMY		JEGORIII NO.	MRS. ANNE DEA	NE 3810 FALLS	STAFF RD
18. 15 3 81		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY	Car	*		
(This does not mean the mode of heart failure, asthenia, etc. It means injury at camplication which caused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if tise to the above cause (A)	s the disease, d death.)		tastases		2 years.
UNDERLYING CONDITION Iosi.  OTHER SIGNIFICANT CONDITIONS ( TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING	ATED TO THE	Cong	estive Hear	rt Foilor	e / month
TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PER	NOTION FOR W			No. 208. IF YES, WERE IN CERTIFYING CA	
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examine?			n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	11f in Boltimore	e City, give exoct locotion)
21D. TIME   Month)   Doyl   Year) OF INJURY (APPROX.)		INJURY OCCURRED  le At Not While At Work		NJURY OCCUR?	
22. I certify that (1) (this hospital that (1) (we) last saw the decease	ed alive an	Jan. 1	7 19 65 and	that in (my) (aur) api	
23A. SIGNATURE  Auglas W.	Mare A	h	ending Med.	Stoff Phys.	23B. DATE SIGNED  Jen 19, 1965
23C. PHYSICIANS ON AME I Type) DOUGLAS W.			23D. ADDRESS Johns H	opliers Hrs	Jan 19, 1965
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 1/21/6		ME of CEMETERY OF CR		BALTIMORE	ty, town, or county) (Stote) MARYLAND

258. NAME OF REGISTRAR SOL LEVINSON & BROS. INC. 6010 RETSTERSTOWN

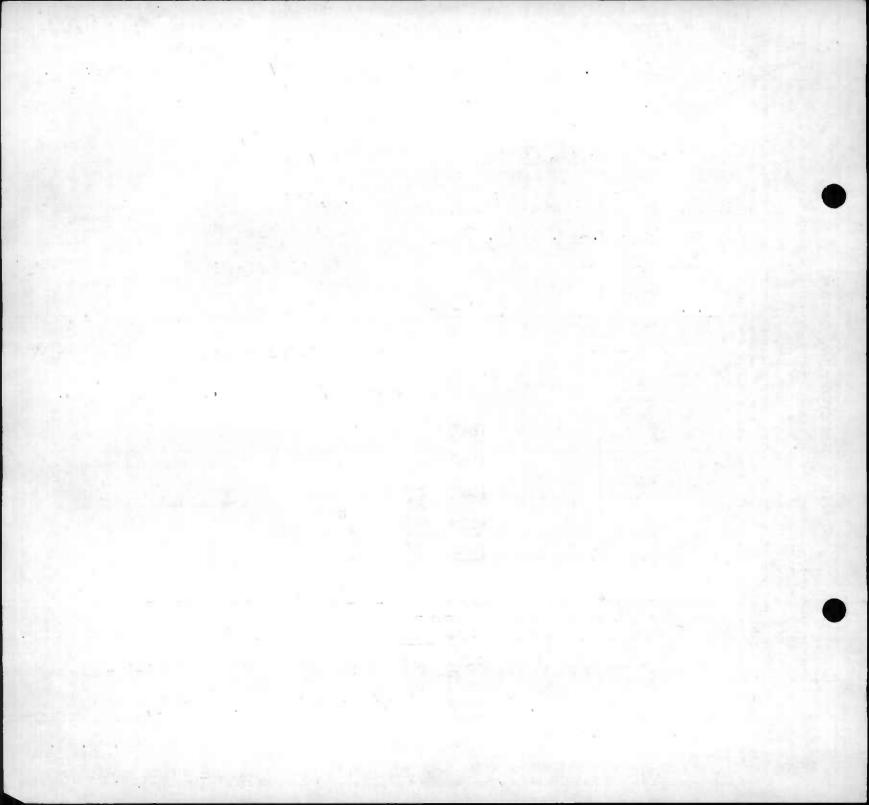
VS 150-REV. 1/1/65

25A. DATE REC'D BY HEALTH DEPT.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

			BALTIMORE CITY	HEALTH DEPARTMENT		CF 0:-
	тн но. 65 0709		CERTIFICA	TE OF DEATH	Registered Na.	65 0709
1.1	E. CASE NO.  NAME OF DECEASED  pe or Print)			2. DATE	ND HOUR OF DEATH	
	PLACE OF DEATH IN BALTIMORE MA	7		1/1	4/65	6:00 P. M.
3.	FLACE OF DEATH IN BALTIMORE WA	KILAND		A. STATE B. COL	INTY	nstitution: residence before odmission)
	FULL NAME OF (If not in hospital of oddress or location	or institution,	give street	c. CITY OR TOWN (IF a	ustaida aitu limita uulta	RIVRAL and give township)
	INSTITUTION			0 1	0 4	
	11 · M · 1 11	. , ,			18 Marylan	
	Union Memorial Ho	4		-	rmount Avenu	
5. 5	Male White	Marrie		Feb. 2, 1891	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A, USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	Mechanical-engret.	Balto.	City	Maryland		USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N		
16	John Jacob Myer			Sophie Ma	y Morling	
(Ye	Wos Deceased Ever in U. S. Armod Fores, no or unknown) (If yes, give wor or date	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	W.W.I yes		214-40-5500	Family re	cords	
	DISEASE OR CONDITION DIR	FOTIV	CAUSE O	F DEATH		ONSET AND DEATH
	LEADING TO DEATH	ECILI	(A) my	ocardial inf	arction	instantaneous
	(This does not mean the mode of heart foilure, asthenia, etc. It means	dying, e.g., the disease.	DUE TO			
	injury or complication which caused		co	ronaryertery	insuffici	ency 14 wrs
	ANTECEDENT CAUSES		DUE TO	UPU		0 1 2 1 3 1 0 1
	DISEASES OR CONDITIONS, if is		(C)			
	UNDERLYING CONDITION Iosi.					
ATION	OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING	G			
ATI		Г.		VAA.		
ERTIFIC	19A. DATE OF OPERATION 19B. CON		WHICH OPERATION	no	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)		ie, lorm, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact locotion)
MEDIC	21 D. TIME (Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID IN	IJURY OCCUR?	
8	(APPROX.)	Whi	ile At Not While	e _		
	22. I certify that (I) (this hospital				1950 to I-	14-65 19
	22. I certify that (I) (this hospital that (I) (we) last saw the decease				hat in (my) (aur) ap	inion death occurred an the date
	and hour and fram the causes stat	ed abave. (I	) (We) (did) (did nat) v	riew the bady after death	pronounce	d deta Union Men
	23A. SIGNATURE	+1	10.			23B, DATE SIGNED
	- Clfw	MG	ODZL M.D. Atte		Stoff Phys.	1-15-65
	23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS		
0.4	Ellsworth	¿. (00/	M.D.	2431 Maryland	Ave. Baltin	ore, Maryland
247	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)		AME of CEMETERY OF CR		LOCATION	City, town, or county) (Stote)
251	A. DATE REC'D BY HEALTH DEPT.	Dali	timore National	l emetery,	(atonsville,	Batto. Co. Md.
234	well		E Farbuna			
VS	150-REV. 1/1/65	الملاهدا	C, Toursey in	Join Burns	ians 010-12	York Rd. Towson



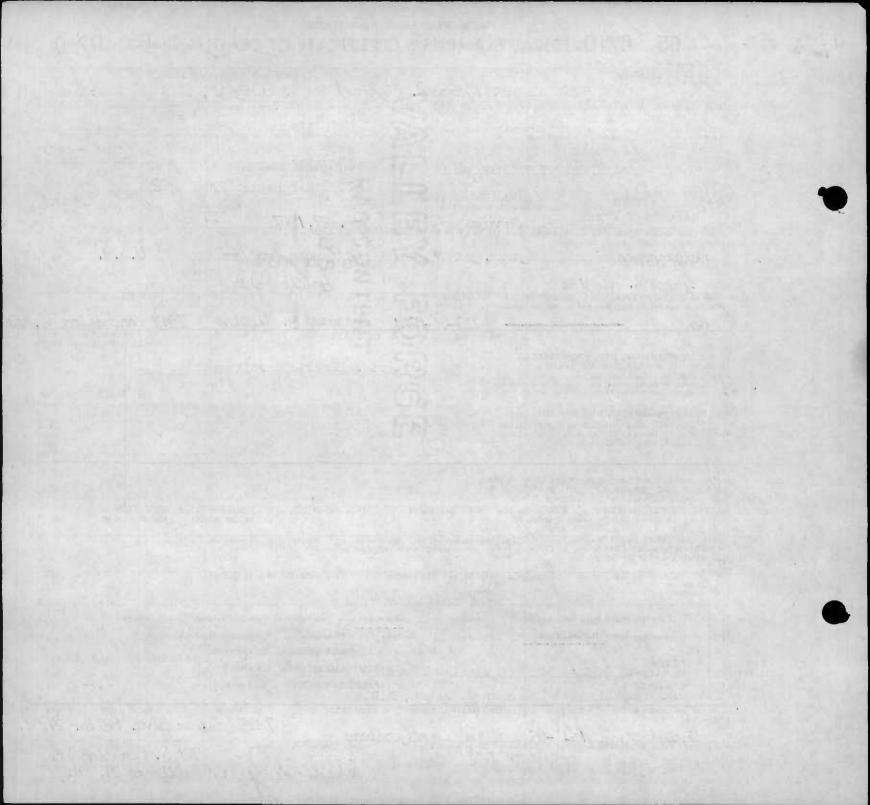
BALTIMORE CITY HEALTH DEPARTMENT OF OMEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered Inc. BIRTH NO. M.E. CASE NO. 59358 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD JAMES HIGGINS (James R. Higgins) January 18, 1965 4:15 P. M. 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If autside carparate limits, write RURAL and give tawnship) Baltimore D. STREET ADDRESS (If rural, give location) BALTIMORE CITY HOSPITALS 7312 Manchester Road 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years last birthday) If Under 1 Yr, If Under 24 Hrs. WIDO WED, DIVORCED (specily) Months Doys : Hours , Male White 57 Parried IDA. USUAL OCCUPATION (Give kind of work 108. 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Ltimore Marylano Maintenance Goldie Smith James R. Hippins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes. no or unknown), (If yes, give wor or dotes of service) SECURITY NO. 7312 Manchester Rd No Margaret 4. Higgins 1B. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) DUE TO disease ANTECENDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)... CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes Yes 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Boltimore City, give exact lacation) letc.)

WES

YES

(If in Boltimore City, give exact lacation) EDICAL 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Yeor) OF INJURY WHILE AT (APPROX.) NOT WHILE 22. I certify that I held an Inquiry Inspection Autopsy and that on this bosis, death in my opinion resulted from: Notural causes X Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE. ASSOCIATE MEDICAL EXAMINER 1-19-65 EXAMINER'S NAME (Type) John E. Adams, M.D. 23A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION REMOVAL (Specify) Balto. 24. Md. 24C. FUNERAL DIRECTOR

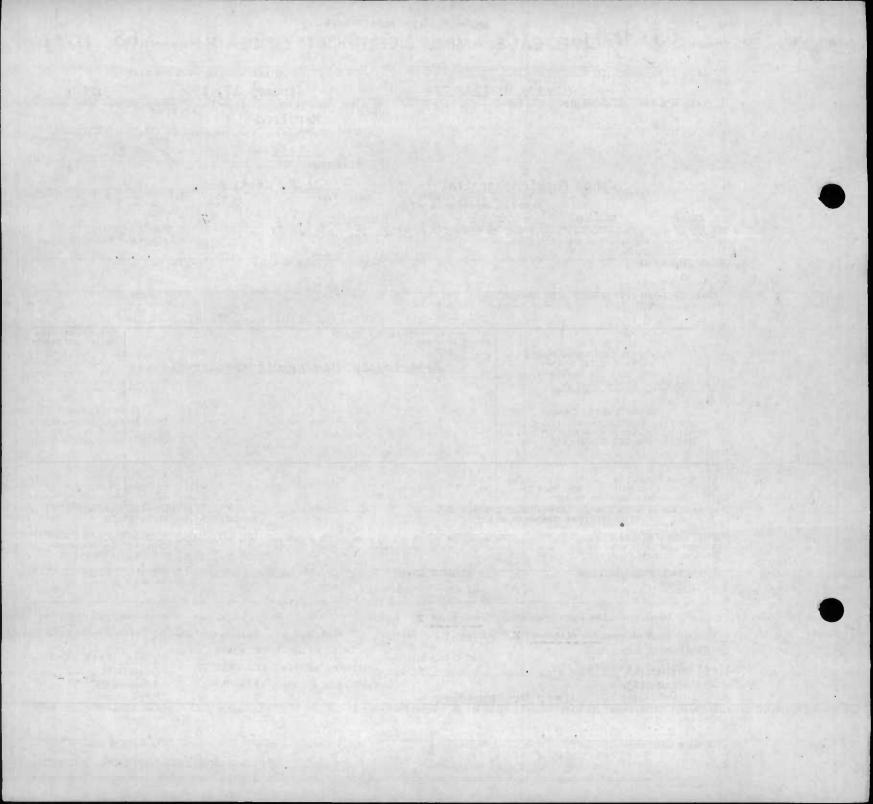
VS 151-REV. 1/1/65



2-220

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 65 0711MEDICAL EX	KAMINER'S C	ERTIFICATE OF I	DEATH Registe	red N.65 0711		
M.E. CASE NO. 59339						
1. NAME OF DECEASED	TADEOGAE	2. DATE AND HOUR PRONOUNCED DEAD				
WALLACE W.  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL		4. USUAL RESIDENCE (Where	y 17, 1965 deceosed lived. If insti- B. COU	13:20 & M. Introduction: residence before odmission)		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)	UTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside	corporate limits, write	RURAL and give township)		
INSTITUTION ADDRESS OF EGGATION		Baltimor	8	7-05		
		D. STREET ADDRESS (If rurol,				
Johns Hopkins Ho		514 N. Ca				
	NEVER MARRIED DIVORCED (specify)	August 21,1907	9. AGE (In years lost birthday)	Months, Doys Hours Min.		
IOA. USUAL OCCUPATION (Give kind of work TOB. KIND Of done during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?		
Stevedore		Maryland		U.S.A.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
Frank Laszczak		Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service)	16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS		
No.	216-09-4693	Rosalie Schultz	2003 Oakir	igton Road		
1B	CAUSE	OF DEATH		INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g.,	(AArterio	sclerotic cardio	vascular dis	ONSET AND DEATH		
heort foilure, osthenio, etc. It meons the disease, injury or complication which coused death.)	DUE TO					
ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)DUE TO					
	(C)			***************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR	NG THE					
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes of No)	20B. IF YES, WERE FIN IN CERTIFYING CAUS			
UTING CAUSE OF DEATH.	PLACE OF INJURY (e.g., e, form, loctory, street, c	in or obout 21C. WHERE DID (	If in Boltimore City, giv	ve exoct locotion)		
OF INJURY (APPROX.)	WHILE AT NOT	21 F. HOW DID INJU	RY OCCUR?			
22. I certify that I held an Inquiry			s basis, death in m	ny opinian		
resulted fram: Natyzal causes	Accident Suicid	e Hamicide U	Indetermined manne	er 🗌		
ACTUAL DIA SI		CHIEF MEDICAL EX		DATE SIGNED		
SIGNATURE EXAMINER'S NAME (Type) Rudiger Breit		ASSOCIATE MEDICAL EX	prince	1-17-65		
23A. BURIAL CREMATION, 23B. DATE 23	C. NAME of CEMETERY of	CREMATORY 23D. Le	OCATION (City,	town, or county) (Stote)		
Burial Jan. 20,1965 H	oly Rosary Ce	metery Balt		y, Maryland		
	E Falley M. A	24C. FUNERAL DIRECTOR Raymond L. Kat	ezorowski 25	ADDRESS 325 Fleet Street		
VS 151-REV. 1/1/65						



VS 151-REV. 1/1/65

	65 0	712-	CALEN	BALTIMORE CITY HEALT	TH DEPARTME	NT OF F	OF A TURE	6	5 0712	
	NO. 5935	WEDI	CALE	CAMINER'S CE	KIIFICA	IE OF L	PEAID Register	ed Na		
	ME OF DECEASED		S P. 0'	CONNOR	January 68, 1965 5:30 P.					
B. PL	ACE IN BALTIMORE, M				4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmiss B. COUNTY					
ULL HOSP NSTI		OT IN HOSPITA		JTION, GIVE STREET	Marv1	Land OWN (If outside	corporate limits, write		d give township)	
	UNION N	MEMORIAL	HOSPIT	AL		DRESS (If rurol,	give locotion) ie Avenue	- 4		
	lale Wh	nite	Marı	DIVORCED(specify)	July ]	тн L4,18 <b>9</b> 0	9. AGE (In years lost birthdoy) 75	Months	1 Yr. If Under 24 Hr Doys Hours Min.	
Fi	during most of working life,  re Fightes  THER'S NAME	, even if retired)		City (retire	) Queer	18 CO	Ireland	12. CITIZE WHA	S · A ·	
3. [ ]	Michael	O' Conn	or			Delaney				
	AS DECEASED EVER II	N U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO. 212-28-2161	17. INFORMANT		010	ADDRESS		
l) E	3.		10000		OF DEATH	I I I I	O, COMMOI	3106	HILETSILE	
	DISEASE OR CO	I ONDITION DI IG TO DEATH	RECTLY			otic car	liovascular		ONSET AND DEATH	
	(This does not meon the mode of dying, e.g., heart failure, astheria, etc. It means the disease, injury or complication which caused death.)						disease			
	ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DU RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.									
8				(C)					*******************************	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
	9A. DATE OF OPERATION 198, CONDITION FOR V				No	OPSY? (Yes of No) 208. IF YES, WERE FINDING IN CERTIFYING CAUSES O			ATH?	
OU	21A. EXTERNAL CAUSE WAS  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct to home, form, foctory, street, office bldg., INJURY OCCUR?  UTING CAUSE OF DEATH.									
$\sum_{2}$	1D TIME (Month)	r) (Hour)	21F. HOW DID INJURY OCCUR?							
(.	OF INJURY (APPROX.)  WHILE AT NOT WHILE AT WORK  AT WORK									
2	22. I certify that I held an Inquiry Inspection X Autapsy and that an this basis, death in my apinian									
	resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner									
	ACTUAL	ACTUAL ON E OPA					CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER			
	SIGNATURE	W-42 C	1.14	M.D.		MEDICAL EX			1-19-65	
	EXAMINER'S NAME (Type)		John	E. Adams, M.D				77-11	15	
REM	BURIAL CREMATION, OVAL (Specify) 1rial	1/22/		New Cathedra			Baltimore	Md or o	county) (Slote)	
	DATE REC'D BY HEAL			OF REGISTRAR		RAL DIRECTOR	4-1-1	A	DDRESS	
	JAN 2	1 1965 (	Polest	E. Jarbey M.A	Logh	noturalle	D. K. 2	7/3	MIRKAVE	

Southern Spring to Late - 91-218

9. AGE (In years

lost birthdoy)

Registered No.

ype of Print) Charles	
PLACE OF DEATH IN BALTIMORE, MARYLAND	
FULL NAME OF (If not in hospital or institution, give hospital or oddress or location) INSTITUTION Lophus Lophus	

2. DATE AND HOUR OF DEATH 1/20/65

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY flf outside city limits, write RURAL and give township)

(If rural, give location)

#13 If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. Hours

10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) done during most of working life, even if retired)

Baltimofe, Md. 14. MOTHER'S MAIDEN NAME

B. DATE OF, BIRTH

7. INFORMANT

12. CITIZEN OF WHAT COUNTRY? U.S.A.

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Forces

6. SOCIAL SECURITY NO.

216-07-3547

7. MARRIED, NEVER MARRIED

WIDOWED, DIVORCED (specify)

Louis Dryfus Corp.

Louise A. Beranek 3714 Bonview Ave.

ves DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,

(Yes, no or unknown) (If yes, give wor or dotes of service)

injury or complication which coused death.)

ANTECEDENT CAUSES

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.

DUE TO

CAUSE OF DEATH

DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

CERTIFICATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?

flf in Boltimore City, give exact location)

MEDICAL (APPROX.)

(Month) (Doy) (Year) (Hour)

While At Work

21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While At Work

22. I certify that (1) (this haspital) attended the deceased from that (1) (we) last saw the deceased olive an... 20

and that In(my) (aux) apinion death accurred an the date

and haur and fram The causes stated above. (1) (We) (did) (did-not) view the body after death. 23A. SIGNATURE

23 C. PHYSICIAN NAME TYPE

Attending Phys. M.D. 23D. ADDRESS

Med. Stoff Director

24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) 1/23/65 Burial

24C. NAME of CEMETERY OF CREMATORY Bohemian National Cemetery

Baltimore, Md.

(City, town, or county)

ADDRESS

238. DATE SIGNED

25A. DATE REC'D BY HEALTH DEPT.

258. NAME OF REGISTRAR

25C FUNERAL DIRECTOR
Schimunek Funeral Home, Inc.
3331 Brehms Jane #13

VS 150-REV. 1/1/65

DIRECTOR: FUNERAL the chief medical examiner

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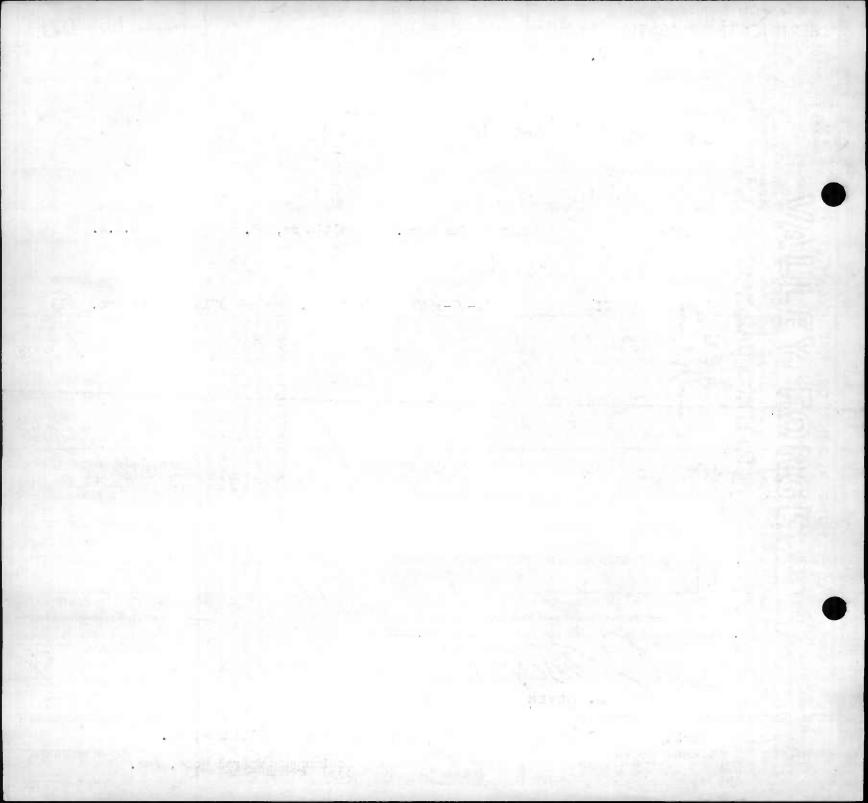
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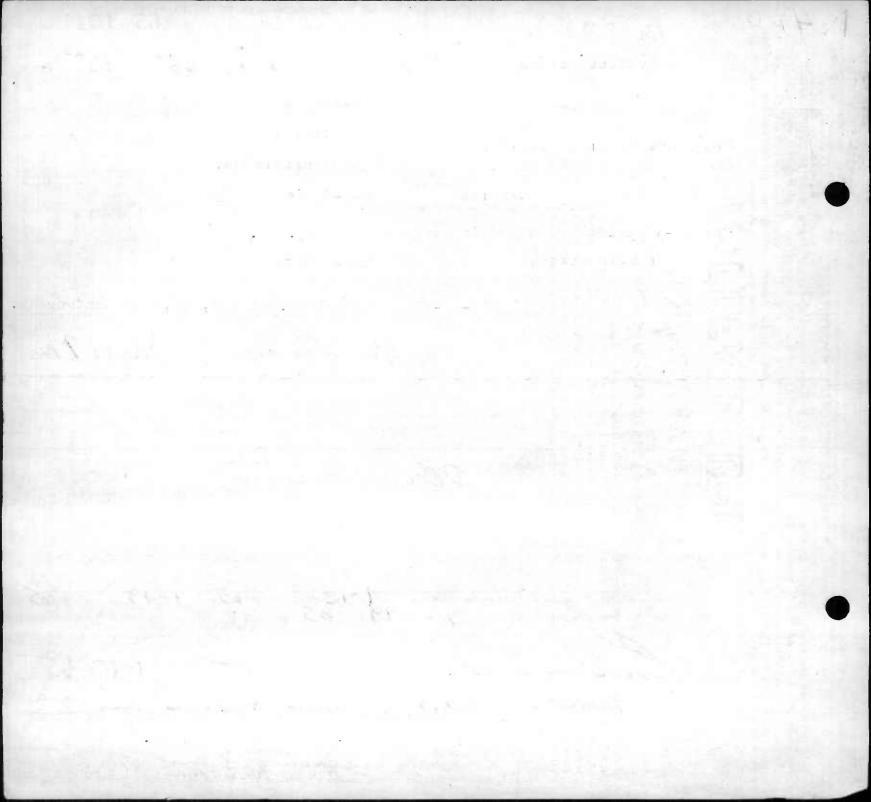
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CERTIFICATE OF DEATH M.E. CASE NO. 5 2, DATE AND HOUR OF DEATH I, NAME OF DECEASED (Type or Print) RUSSELL KLAGES 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) If Under 24 Hrs. If Under 1 Yr. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS Russell R. Klages, son, 3502 Kentucy Av. INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) opinion death accurred on the date 23B. DATE SIGNED 24A. BURIAL CREMATION. REMOVAL (Specify) 23/65 Burial Holy Redeemer Cem. Baltimore, Md. 25C. FUNEBAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR ADDRESS andon Brehms Lane

BALTIMORE CITY HEALTH DEPARTMENT

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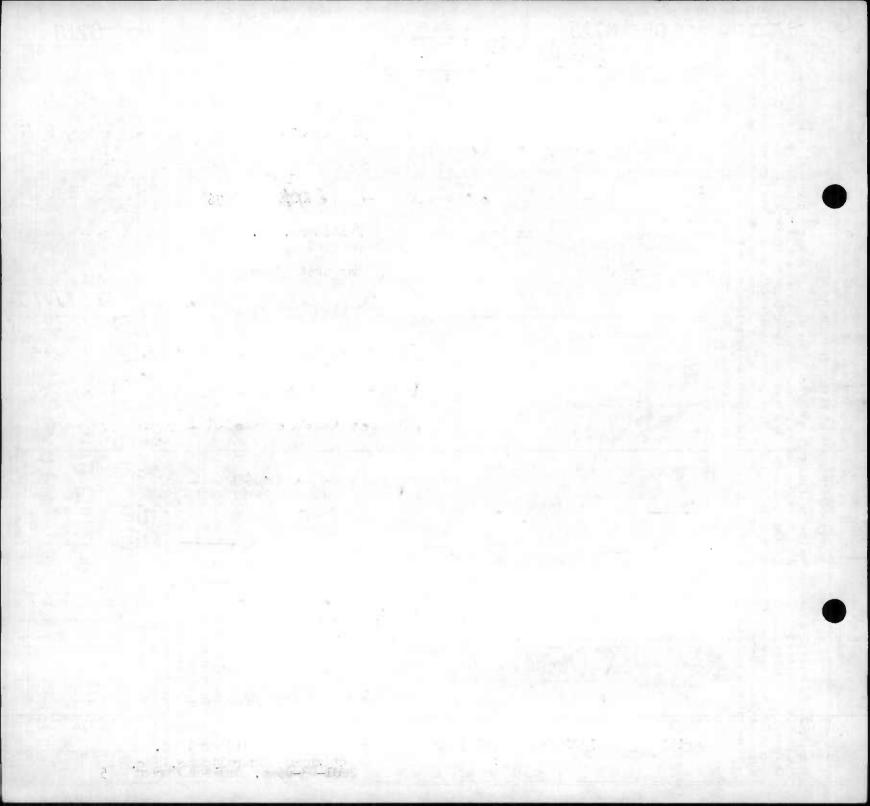
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BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. ERTIFICATE OF DEATH Registered No.. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH IDA E, 6 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) A. STATE COUNTY FULL NAME OF (If not in hospital or institution, give street 0-HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) D. STREET ADDRESS mad 5. SEX 6. RACE MARRIED, NEVER MARRIED B. DATE OF BIRTH 1888 9. AGE (In years II Under 1 Yr. Months: Doys II Under 24 Hrs. Haurs Min. WIDOWED, DIVORCED (specify) Haurs last birthde downed. 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Slote or lareign country 12. CITIZEN OF isposition WHAT COUNTRY? done during mast of warking life, even if retired) Baltimore. Md. at home Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Marshall Margaret Ripke 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL ADDRESS (Yes, na arunknawn) (If yes, give war ar dates of service) final SECURITY NO. 0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or camplication which caused death,1 ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, to the above cause (A) stating the UNDERLYING CONDITION last. the remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No! 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF hame, lorm, factory, street, affice bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examiner) etc.) obtained 21D. TIME (Manth) (Day) (Year) (Haut) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While [ (APPROX.) At Work Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on 1961 ond that in (my) (aur) opinion deoth occurred an the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending M.D. Med. Staff Phys. Director approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type! 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY (City, tawn, or county) 24D. LOCATION (State) ritten /22/65 Baltimore Cemetery Baltimore, chimunek Funeral Home, Inc. 258. NAME OF REGISTRAR ADDRESS Ø }

VS 150-REV, 1/1/65



BIRTH NO. 6	5 071 MEDI	CAL EX	AMINER'S C	ERTIFICATE	OF DEATH Regis	stered N65 0716		
M.E. CASE NO.	ECEASED	BOSTLER	}	2. D	ATE AND HOUR PRONOUN January 19, 19			
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission A. STATE  Maryland				
FULL NAME OF HOSPITAL OR INSTITUTION	F IIF NOT IN HOSPIT. ADDRESS OR LOCA JOHNS HOPK	(NOIT)		C. CITY OR TOWN (If outside corporate limits, write BURAL and give township)  Baltimore  D. STREET ADDRESS (If rural, give location)  2929 McElderry Street #5				
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In year lost birthday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours, Min.		
done during most	Male White Married  OA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRATED MOST OF WORKING life, even if refired)			11. BIRTHPLACE Stote		12. CITIZEN OF WHAT COUNTRY?		
13, FATHER'S NA		Ameri	can Sugar	New York C	N NAME	U.S.A.		
15. WAS DECEA	S Bostler SED EVER IN U.S. ARMED	s of service)	16, SOCIAL SECURITY NO. 212-09-6025	Unknown 17. INFORMANT	er 2929 McEld	ADDRESS		
DISEASE RISE TO UN DERL	LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. Il meons the discose, injury or complication which coused death.)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
	OF OPERATION 19B. CON 5-64 WAS PER	DITION FOR		20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  Yes  Yes				
21A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB- UNDERLYING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion) (If in Boltimore City, give exoct locotion) (If in Boltimore City, give exoct locotion) (Injury OCCUR?  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED (21F. HOW DID INJURY OCCUR?  OF INJURY (APPROX.) 12 5 64 10:35 m. WORK AT NOT WHILE AT WORK & Pedestrian struck by auto								
ACTU SIGNA EXAM	ATURE MALL IINER'S (Type)	John	E. Adams. M.	CHIEF MEDIC  ASSISTANT MEDIC  ASSOCIATE MEDIC	CAL EXAMINER   CAL EXAMINER   CAL EXAMINER	DATE SIGNED		
REMOVAL (Spe	cify)	23	C. NAME of CEMETERY			ity, town, or county) (Stote)		
	JAN 21 1965 (		Holy Redeeme OF REGISTRAR E, FasheyM.M	r Cemetery  24C. FUNERAL D Schimune 2601-03-	Baltimore, RECTOR K Funeral Home 05 E. Madison	Inc. ADDRESS #5		
VS 151-REV. 1/	1/65	24. 17			9 - 10			

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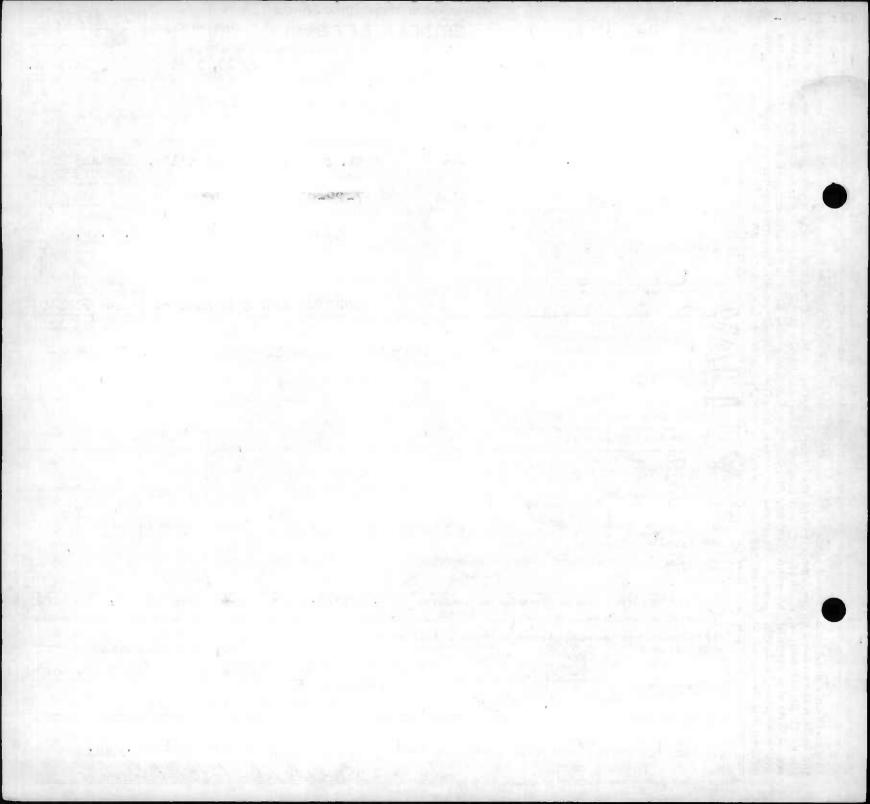
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CE OPAR	ECITY HEALTH DEPARTMENT  ICATE OF DEATH  Registered No. 65
1. NAME OF DECEASED (Type or Print)  Elizabeth Neal	January 20, 1965
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospitot or institution, give street	A. USUAL RESIDENCE (Whore deceased lived. If institution: rosidence A. STATE B. COUNTY  Maryland Anne Arundel
Baltimore City Hosptials 4940 Eastern Avenue Baltimore, Maryland 21224	C. CITY OR TOWN (If outside city limits, write RURAL and give to RURAL)  D. STREET ADDRESS (If rure), give location)  Rt. #2 Box 77 Millersville, Maryla

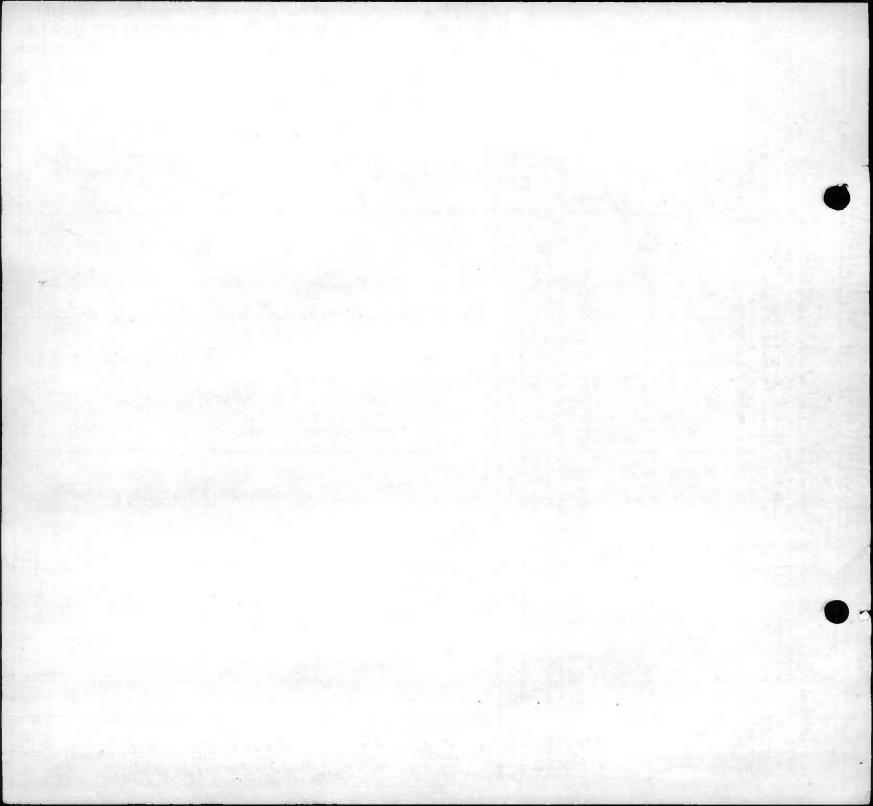
I. NAME OF DE	CEASED				2. DATE AN	ND HOUR OF DEATH		
(Type or Print) Elizabeth Neal						ry 20, 1965		11:30 A.
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RES	IDENCE (Who	ore deceased lived. If in	nstitution: rosiden	
FULL NAME	OF (If not in hospitat	as institution	n mun shoot	Maryla		ne Arundel		
HOSPITAL OR	oddress or location	n)		C. CITY OR TO		tside city limits, write	RURAL ond give	township)
INSTITUTION.	Baltimore Ci		•	RURAL			5	2-00
	4940 Eastern			D. STREET AD	DRESS (If	rural, givo location)		
	Baltimore, M	arylar	d 21224	Rt. #2	Box 77	Millersvil	le, Maryl	land
. sex Female	6. RACE Negro	WIDOV	ED, NEVER MARRIED VED, DIVORCED (specify)  Married	7-22-	01	9. AGE (In years tost birthdoy)	If Under 1 Yr. Months Doys	If Under 24 Hr. Hours Min.
	CUPATION (Give kind of world working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or fore	ign country)	12. CITIZEN O	F DUNTRY?
The contrig most of	working the, oreth to rethreo,			Virgin	ia		U. S.	
3. FATHER'S NA	ME			14. MOTHERS		ME		
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NO			CAUSE O		o, bon;	4940 Easte		VAL BETWEEN
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DISEASES	OR CONDITIONS, if	ony aivi	DUE TO					
rise to th	ne obave couse (A)					90		
UNDERLYIN	G CONDITION lost.							
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E TO THE D	DEATH BUT NOT RELA	TED TO	THE					
	F OPERATION 198. CON		R WHICH OPERATION	20A. AUTOP	SY? (Yes or No	208. IF YES, WERE	FINDINGS CON	SIDERED
19A. DATE O	WAS PER				Yes	IN CERTIFYING CA	USES OF DEATH	Yes
U 21A. ACCIDE	ENT WAS UNDERLYING		18. PLACE OF INJURY (e.g., in	or obout 21 C. V	WHERE DID	(If in Bottimor	e City, give exoc	
DEATH (notif	y medical examiner		nomo, form, foctory, street, of etc.)	fice bldg., INJUR	RY OCCUR?			
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	y that (1) (this hospital		Tanasa 20	ember 28			uary 20,	19 65
that (1) (we	) last saw the decease	d alive a	January 20,	19 05	and th	at in(my) (aur) api	nian death acc	curred on the do
and hour on	nd from the causes sta	red above	(1) (We) (did) (dld nat) v	lew the bady	after death.			
23A. SIGNAT	URE 1/6	1					23B. DATE SIGI	NED
	/ Haa	him	M.D. Atte	nding	Mod. Director	Stoff Phys.	January	20, 1965
23C. PHYSICIA	AN'S Tunel			23D. ADDRESS				
NAME	Howard K	Rath	bun M.D.	4940	Eastern	Avenue #212	224	
4A. BURIAL CRI	EMATION, 248, DATE	-	NAME of CEMETERY or CRE			.,	ity, town, or coun	nty) (Stote)
REMOVAL	(Specily)				115			
Burial	BY HEALTH DEST 3/	65 NAAA	Chew Chapel	25C FIANER	An Disserve	ne Arunde	L Co. Mo	nness:
ON DATE REGE			PT & Farley MA	ZSC. FUNER	M W	1 15/100	001	DURE33
	JAN Z 1 1300	11/100	IT E . MOUNTENT HA	Story	V.A. 60	lan 1348 11.	alleon	1

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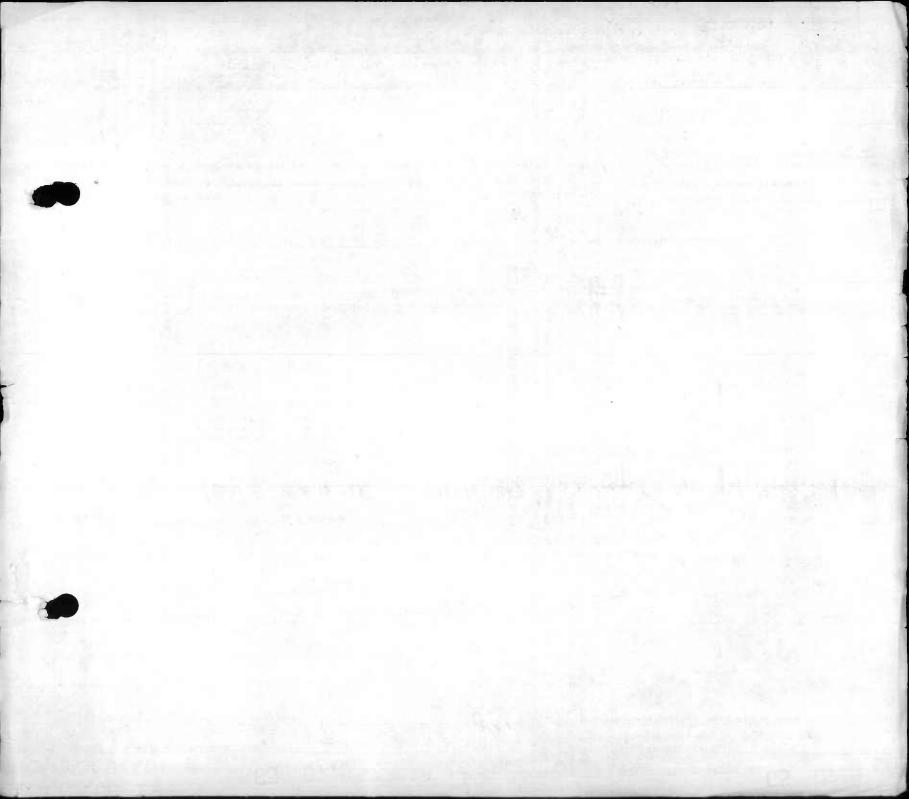
			BALTIMORE CITY	HEALTH DEPARTMENT		65	0718
	H NO. 65 0	718	CERTIFICA	TE OF DEATH	Registered No.		7.10
	AME OF DECEASED			2. DATE A	ND HOUR OF DEATH		
(Тур	e or Print)	mer W	. POWELL	/	-20-65	1	5 4 11
3. P	LACE OF DEATH IN BALTI	MORE MARYLAND	. / 000 6 6 6 6	4. USUAL RESIDENCE (Who	ere deceased lived. If ins	litution: residence	e before odmission)
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F	ULL NAME OF (If not	in hospital or institut	ion, give street	mary	med.		1-02
		s or location)		C. CITY OR TOWN III on	utside city limits, write R	URAL ond give t	lownship)
, "	431110110IA			Bioth	-1140 I	17	
	JOHNS H	. BK . N. C /	1	D. STREET ADDRESS	rural, give location)	1	
	JOHNS MI	OFRINS /	105 F174L	11/17-07	n. 7 11 1	7-	(1MO
				17//-/	1. I me	con	conce
5. 5	EX 6. RACE	7. MARI	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (in years last birthday)	Months Doys	If Under 24 Hrs.
1	1100 1/10	ase	10 h	8-11-21	23		
10A	USUAL OCCUPATION GIV	kind of work 108, KIN	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF	
done	during most of working life, &	en if retired)				WHAT CO	
	Lebouer			n.e	, ,	0.9	3. 4
13. 1	FATHER'S NAME	11		14. MOTHER'S MAIDEN NA	ME .	0	
	March	1 1	1000	6	11	16.	. 611
	to one	Lau	rece	Conce	y Her	Zabl.	very .
15. \ (Yes	Was Deceased Ever in U. S., nd or unknown) (If yes, give	. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	7	ADDR	ESS .
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4		~ ~	038-77-83/3		owell Kei	186/1	Pici
	18. 44/X I		CAUSE OI	DEATH			AL BETWEEN AND DEATH
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	DISEASES OR CONDIT		ving	LIGNANT HY	13	2	MTHI
	rise to the above of UNDERLYING CONDITION		(C) ////	<u> </u>	1-2127610318		
z	OTHER SIGNIFICANT COL	IDITIONS CONTRIBI	TING				
01	OTHER SIGNIFICANT CONTO THE DEATH BUT		THE .				
4	DISEASE OR CONDITION	CAUSING IT.	NONE				
F	19A. DATE OF OPERATION	WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAU	INDINGS CONS	DERED ?
ERTIFIC	2			YES			
ū	21 A. ACCIDENT WAS UNI	DERLYING	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	or obout 21 C. WHERE DID	(If in Baltimore	City, give exoct	locotion)
A	DEATH (notify medical example)		etc.)	ace orag., INJOKI OCCOK:			
DIC	21 D. TIME (Month) (D	Poy) (Year) (Hour)	21E INJURY OCCURRED	215 110 11 215 111	IIIav o ggues		
MEC	OF INJURY	oyi (lean (noun		21F. HOW DID IN	JORY OCCUR:		
<	(APPROX)		While At Not While At Work				
	22 Learnify that (1) (thi	is hasnital Dattend	ed the deceased from	DEC 19	19 64 to J	AN 20	19 65
	-	The same of the sa					
	that (1) (we) last saw th	ne deceased alive	an	19 65 ond t	hot in (my) ((aur) opin	ian deoth acc	urred on the dote
	and haur and from the c	ouses stated abov	e. (1) (We) (did) (did not) v	iew the bady after death.			
	23A. SIGNATURE					23B. DATE SIGN	ED
	Par	e 19. 76	M.D. Atte	mding Med. Director	Stoff Phys.	1-7	0-65
		c		23D. ADDRESS	rnys.	2	0 - 63
	NAME (Type)	AUL D. HA	RT	23D. ADDKESS		21	
	DR. F	AUL D. III	M.D.	Johns.	Hopkins	Hosp	ntal
24A	BURIAL CREMATION, 24	B. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION (Cit	y, town, or count	ty) (Stote)
-	REMOVAL (Specify)		1 / 1/./	10 11	1	110	
1			Lovely Hill	cem Wa	IVENTON	N.C.	
25A	. DATE REC'D BY HEALTH	DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	R	AC	DRESS
	JAN 21	1900 (12 le	M. C. Markey Pin	Sleege H. K	Ulan 13482	1 Calhon	- lt
VS	150-REV. 1/1/65			10-01.74		0	



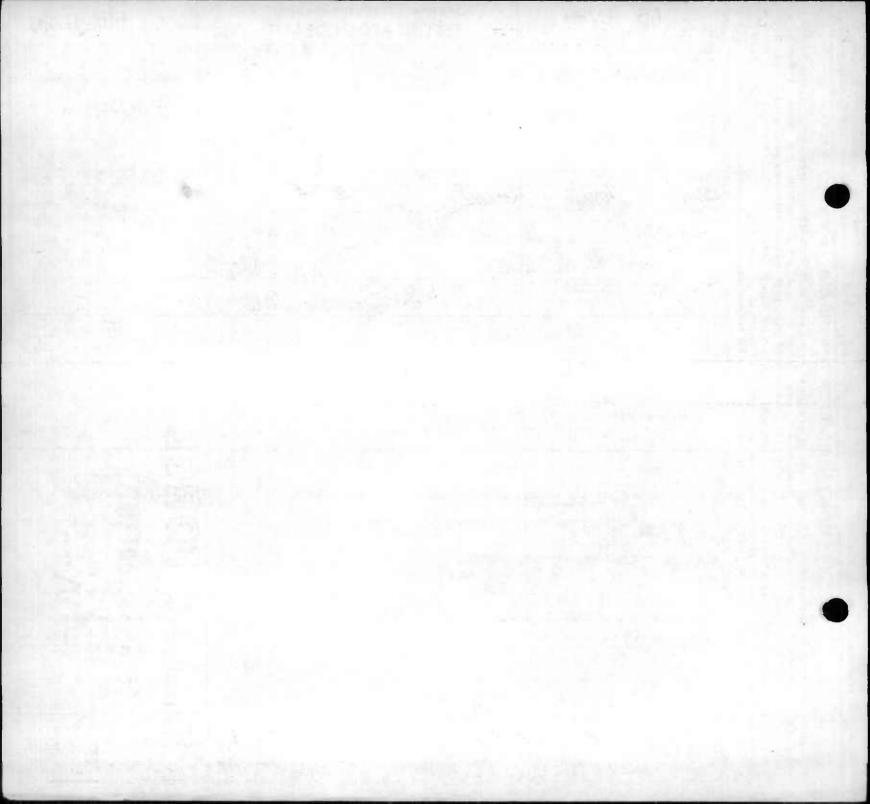
## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	05	BALTIMORE CITY	HEALTH DEPARTMENT		CE	OPERA
	TH NO. 65 0719	CERTIFICA	TE OF DEATH	Registered No.	00	U719
1. N (Typ	De or Print) JOHN T LEIP	OLD In	1-10	1 63	例	720 A M.
	FULL NAME OF (If not in hospital or institution oddress or location)  NSTITUTION  REPORT	, give street	A. STATE B. COUNTAIN A STA	side city limits, write RU	27-	e township)
5. \$	6. RACE 7. MARRIE WIDOW	D, NEVER MARRIED  ED, DIVORTED (specify)	8. DATE OF BIRTH 7-18-21	ost birthday)	If Under 1 Y Manths Day	r. If Under 24 Hrs. s Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIND (e during most al working life, even il retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or larein	gn country)	12, CITIZEN WHAT	OF OUNTRY?
13.	JOHN T. LEIPOL	-D Sn.	Margaurefe	De-Wee	2	
15. (Ye:	Was Deceased Ever in U. S. Armed Forces?  s,na ar unknown) (If yes, give war ar dates al service)  VP-S  WAR  TT		mrs. marilyn	a Leipale	Balto.	Dud 21212
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g. heart lailuie, asthenia, etc. It means the disease injury or complication which caused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, givin rise to the above cause (A) stating the UNDERLYING CONDITION lost.	CAUSE OF CAU	fonti	mnioki.	Interior	And Death Minters Days
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.					
CERTIFIC	19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Ves or No)	20B. IF YES, WERE FI	NDINGS CON	NSIDERED 'H?
EDICAL CE	OR CONTRIBUTING CAUSE OF he	1B PLACE OF INJURY (e.g., in ame, farm, loctary, street, aff tc.)	ar about 21 C/WHERE DID injury OCCUR?	(If in Baltimare	City, give exc	act lacation)
MEDIC	OF INJURY	Vhile At Not While At Work	21F. HOW DID INJU	URY OCCUR?		10 God
	22. I certify that (I) (this hospital) attended that (I) (we) last sow the deceased alive on	6:25	)	9 (Our opin	ion death or	coursed on the dote
	23C. PHYSICIANS NAME (Type)	M.D. Atter		Stalf Phys.	23B, DATE SIG	GNED - GS
	Burial Jan.22/65 Ba	NAME of CEMETERY of CREATERY O	1 Cemetery Bal	timore, Mary		
	JAN 21 1965 R. Cul	5 E. Falley M.A.	Eugenia K. S. 15209 York Rd	eitz <sub>B</sub> Seitz Baltimo	Funeral	Home 21212
A 2	150-REV. 1/1/65					



65 0720	BALTIMORE CITY	HEALTH DEPARTMENT		CE	OMOO
BIRTH NO. BUTTOUF	R CERTIFICA	TE OF DEATH	Registered Na	00	11/20
I. NAME OF DECEASED (Type or Print)  But Pe LUER	- CORA E	STELLE 1/18/6	D HOUR OF DEATH	1 8.0	45 P M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When		hitution: residence t	pefore admission)
FULL NAME OF (If not in hospital or institution) INSTITUTION	ation, give street	C. CITY OR TOWN (If out	side city limits, write RL	JRAL and give tow	rnship)
SINAT- HOS	SPIPAL	BALPIMOR			
		1029 Wood	ourol, give location)  HEIGHPS	-Ave-	#11
Female . Thate win	RRIED, NEVER MARRIED  WED, DIYORCED (specify)  Male	1-3-75	30	If Under 1 Yr. Months: Doys H	If Under 24 Hrs.
done during/most of working life, even if retired)	otton Mill	11. BLETHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUN	ITRY?
13. FATHER'S NAME Dute	her	14. MOTHERS MAIDEN NAM	Tornell	<u> </u>	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of ser	vice) 16. SOCIAL SECURITY NO./ 2/5-07-652	Harry & Herry	ner 1029 A	ord Reigh	to Ore
1B. 4/ 3	CAUSE Ø	DEATH /		INTERVAL ONSET A	BETWEEN ND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	4	bardiae Am	est	Pot 8	40 PM.
(This daes nat meon the made of dying, heart failure, asthenia, etc. It means the dis injury or camplication which coused deoth.)	0.g., DOL 10			7	
ANTECEDENT CAUSES	(B) DUE TO	7SCVD	***************************************		****************
DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating UNDERLYING CONDITION last.					
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.					
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FI	NDINGS CONSIDERS OF DEATH?	ERED
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	218 PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID ince bidg., INJURY OCCUR?	(If in Boltimore	City, give exoct lo	ecotion)
OF INTIME (Month) (Doy) (Year) (Hour)		21 F. HOW DID INJ	URY OCCUR?		
(APPROX)	While At Work Not While At Work			1-1	
22. I certify that (I) (this hospital) atten	1/1/1/1	1 17/65	9ta	118/67	19
and haur and from the causes stated abo	/		at in (my) (aur) apini	ian death accur	red an the date
23A. SIGNATURE a. ar	M.D. Atte	ending Med. S. Director	Stoff Q ay	23B, DATE SIGNED	25
23C. PHYSICIAM'S NAME (Type) aron	ary M.D.	23D. ADDRESS	VAI- H	os pipac	
24A. BURIAL CREMATION, 24B. DATE	4C. NAME OF CEMETERY OF CRE	MATORY 24D. LC	OCATION (City	town, or county)	(Stote)
25A, DATE REC'D BY HEALTH DEPT. 25B, NA	ME OF REGISTRAR	25C FUNERAL DIRECTOR	ren Jaen	more do-	RESS IN
JAN 21 1965 R.C.	ent E. Jankey MA	Devige to	my tens	363/94	UK I MA
VS 150-REV. 1/1/65			some ti	Dulipee	



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attendance on th to death.

	BALTIMORE CITY	Y HEALTH DEPARTMENT		65 0721
BIRTH NO. 65 0721	CERTIFICA	TE OF DEATH	Registered No.	65 0721
M.E. CASE NO.  1. NAME OF DECEASED	CERTITION		ND HOUR OF DEATH	
(Type or Print)		Z. DATE A		
Charles Adam 3. PLACE OF DEATH IN BALTIMORE MARYLAND	S	NA USUAL RESIDENCE (WI	1-19-65	8:35 P
S. PLACE OF DEATH IN BALLIMORE, MARIEAND		A. STATE B. COU	NTY	STITUTION: residence dendre duris ssio
FULL NAME OF (II not in hospital or institu	tion, give street	Maryland		26-07
HOSPITAL OR oddress or location) INSTITUTION  Do 7+4 mans O4+	w Woonitole	C. CITY OR TOWN (If o	utside city limits, write	RURAL and give lownskip)
Baltimore Cit		Baltimore		
4940 Eastern		D. STREET ADDRESS (I	f rurol, give location)	
Baltimore, Ma	ryland 21224	3500 0'Donnell	Street	
5. SEX 6. RACE 7. MAR	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr. Months: Doys Hours Min.
	Married	5-5-98	66	
10A, USUAL OCCUPATION (Give kind of work 10B, XIN		11. BIRTHPLACE (Stole or los		12. CITIZEN OF
done during most of working life, even if retired)		D-7.02	2 - 2	WHAT COUNTRY?
Retired Stevedore		Baltimore, Ma	ryland	
		14. MOTHER'S MINIDEN IN	ANY E	
Charles Adams		?		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	215-10-9368	PECOPIC. POU	0/0 Et	1 24204
18. 11 32 11	CAUSE O	RECORDS: BCH 4	940 Lastern	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) Shoc	le le		1 hours
(This does not mean the made of dying,	e.g., DUE TO	A		12 nom 8
heart failure, asthenia, etc. It means the dis- injury ar camplication which caused death.)	ease,			
ANTECEDENT CAUSES	(B) Cong	estive Heart Fa	ilure	24 hours
	DUE TO			0 200000000000000000000000000000000000
DISEASES OR CONDITIONS, il any, g	the (C) Card	liac Arrhythmia		2
UNDERLYING CONDITION last.	(6) 001			
II .				
O OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
TO THE DEATH BUT NOT RELATED TO	THE			
19A. DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or h	IN CERTIFYING CA	FINDINGS CONSIDERED
E 2		Yes	Yes	osts of beam.
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	in or obout 21C. WHERE DID		e City, give exact location!
DEATH (notily medical examiner)	etc.)	State of the		
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
♥ OF INJURY (APPROX.)	While At Not Whi	ile 🗀		
	Work At Work			
22. I certify that (I) (this hospital) attend				
that (1) (we) lost saw the deceased alive	January 19.	. 19 65 and s	hot in (my) (our) oni	nion death occurred on the da
IIIOI (I) (ME) IOZI ZOM IIIG GECEOZEG OLIVE		and the second s	1101 111 (111) / (001) op.	mon decin occorred on the ac

23A. SIGNATURE	1	n					23B. DATE SIGNED
	in.	Cuche	M.D.	Attending Phys.	Med. Director	Stoll Phys.	1-19-65
23C. PHYSICIAN'S NAME (Type)				23D. ADDRE			

Robert Cooke M.D. 4940 Eastern Avenue 21224

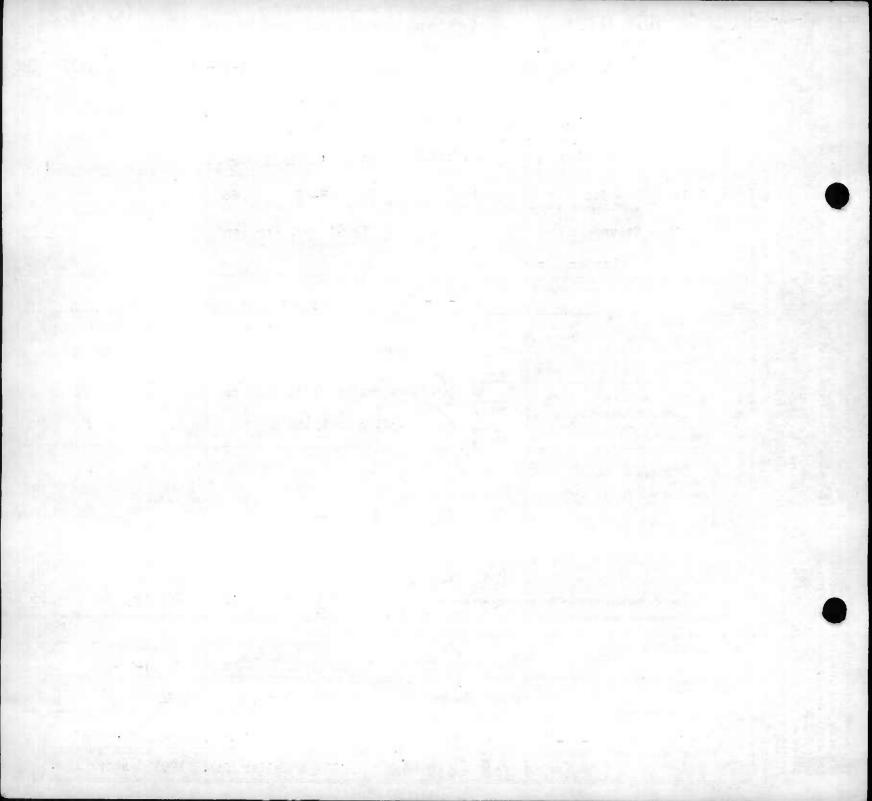
24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) Baltimore County, Maryland

1-23-1965 Oak Lawn ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF 25C. FUNERAL DIRECTOR

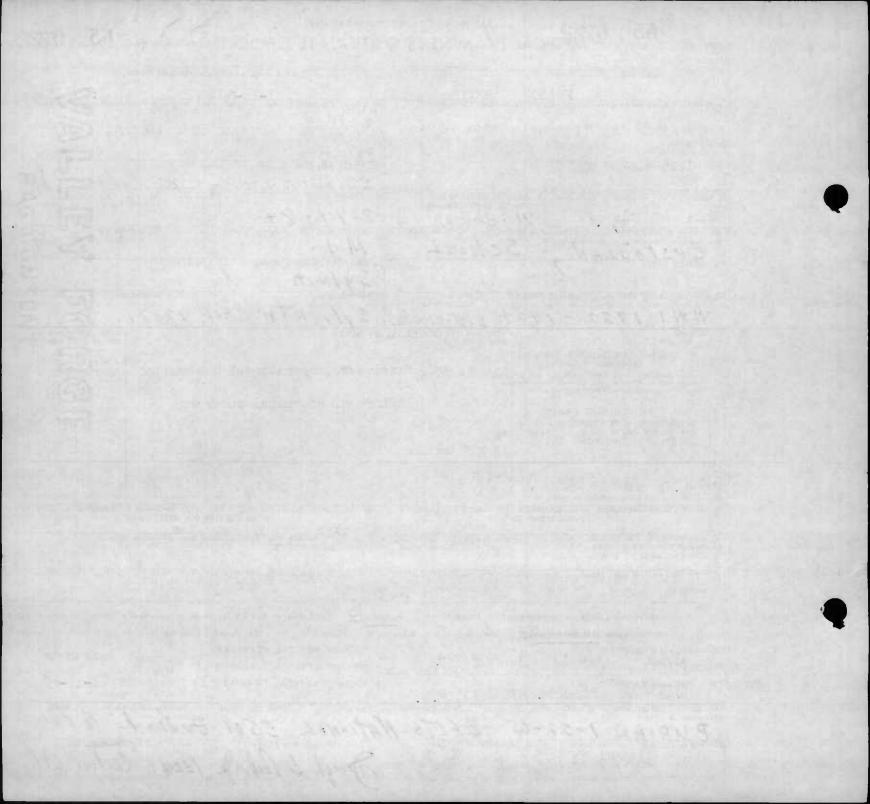
VS 150-REV. 1/1/65

24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)

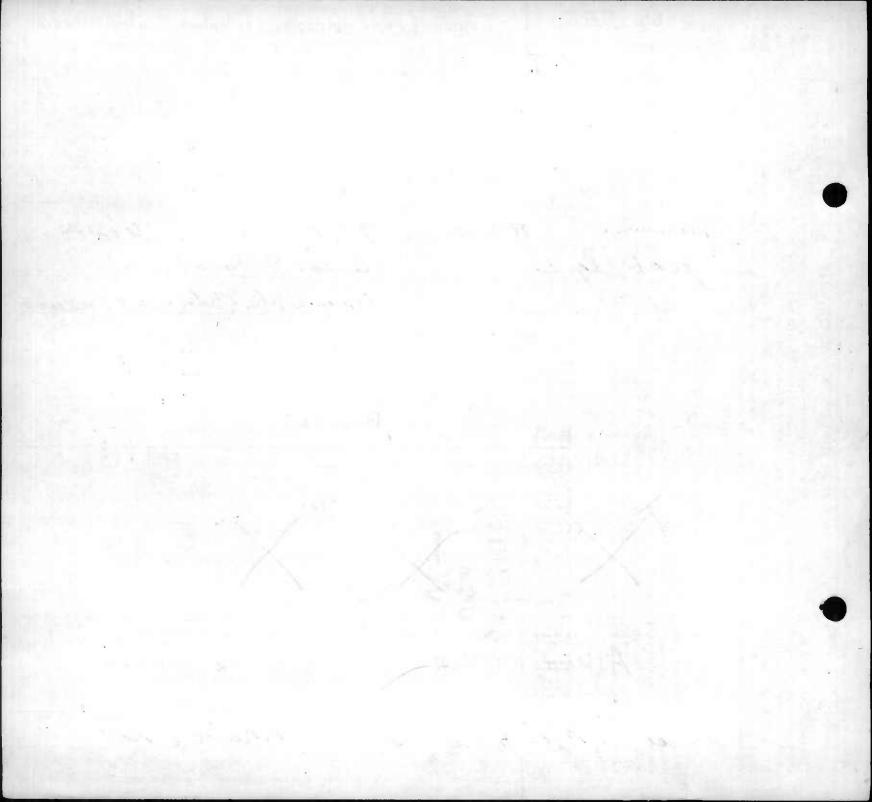
1901 Eastern Ave. Zeiler Inc. 80



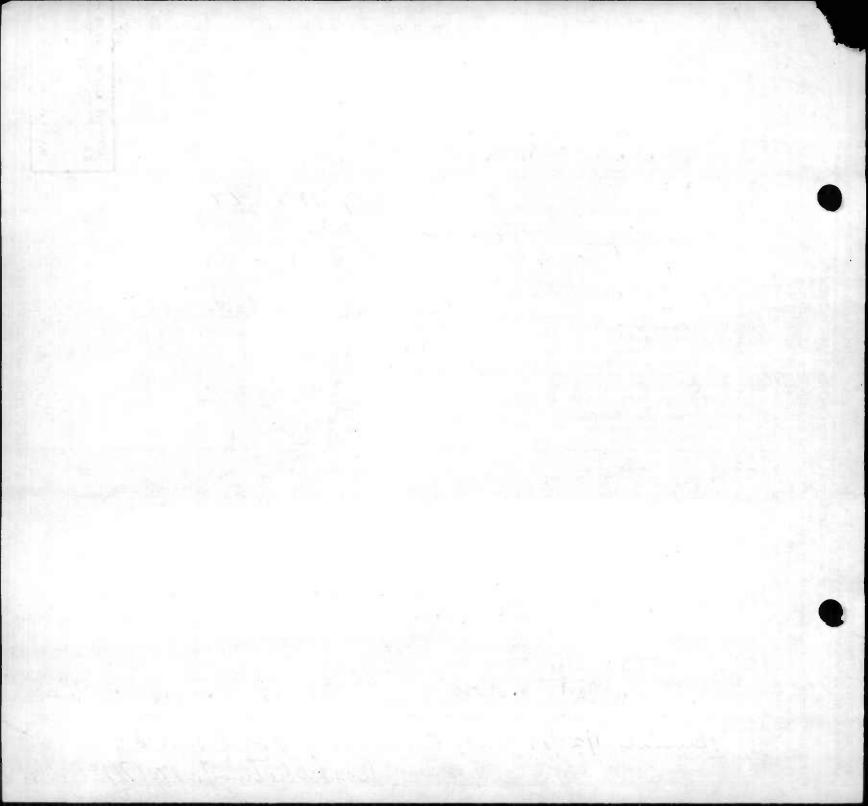
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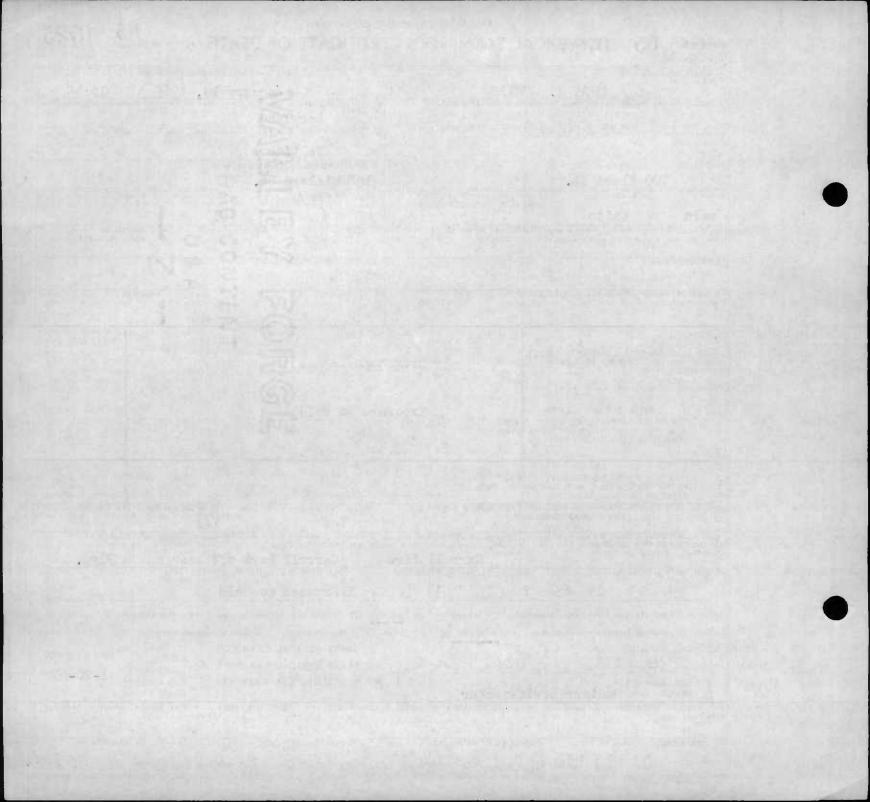


C5 0799	BALTIMORE CITY	HEALTH DEPARTMENT	05 0500
MRTH NO. 65 0723	CERTIFICA	TE OF DEATH Registered	No. 65 0723
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AND HOUR OF DE	ATH
(Type or Print) ADELYNET. DOS	DP	1-20-	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution: residence before admission)
FULL NAME OF (If not in haspital or institution, given	e street	C. CITY OR TOWN (If outside city limits, w	rite RURAL and give township)
INSTITUTION TO A DOLL HE	1100	BAITIMORE	
& LUTHERAN H	0 > 1	D. STREET ADDRESS (If rurol, give location 3018 ROCKWO	
5. SEX 6. RACE 7. MARRIED, N		B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min,
F W WIDOWED,	DIVORCED (specify)	7-7-1897 lost birthdoy167	, works
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF Bidone during most of working life, even if retired)	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
January 41 Hon	el_	July 7-1897	41514
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	20
Joeof agues		auna D. Dock	K
15 Was Deceased Ever in U. S. Armed Forces? (You, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT	ADDRESS
me	SECURITY NO.	Clarence plan Toda	1. 3018 Rockwood
18. 4 45 X I	CAUSE O	F DEATH	INTERVAL BETWEEN, ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1	hoch due to ma	and one halfhour
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	hemalemesis or her	ates
injury ar complication which coused death.)		T'T'	orace month
ANTECEDENT CAUSES	DUE TO	factories in the	<u> </u>
DISEASES OR CONDITIONS, if any, giving		Banditis	ome west
rise to the obove couse (A) stating the UNDERLYING CONDITION lost.	(C)		
_ 11			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	1+0	1 pertension	for years
DISEASE OR CONDITION CAUSING IT.  199. DATE OF OPERATION 198. CONDITION FOR WHAS PERFORMED		20A. AUTOPSY? (Yes or No.) 20B. IF YES, W	TERE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A. ACCIDENT, WAS UNDERLYING 21B/PI	ACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID A (If in Bold	timore City, give exact location)
OR CONTRIBUTING CAUSE OF home,	lorm, foctory, street, o	ffice bldg., INJURY OCOUR?	, ,
	HJURY OCCURRED	21F. HOW DID INTURY OCCUR?	
While (APPROX.)	At Whi At Work		
22. I certify that (I) (this hospital) attended the		1 1 - 11-	1-20 1965.
that (M (we) last saw the deceased alive an			
and hour and from the causes stated above.			aprillar death accorred on the date
23A. SIGNATURE			23B. DATE SIGNED
AIDEH KUB	BLER M.D. AU	ending Med. Stoff Phys.	1-20-65
23C.PHYSICIAN'S NAME (Type)	rny	23D. ADDRESS	
NAME (Type) AIDEH KOBLER	M.D.		
24A. BURIAL CREMATION, 24B. DATE 24C. NAN	AE of CEMETERY OF SR	EMATORY 24D LOCATION	(Stote)
Bureal 1/23/65 Vre	ud Gia	ge Vikesoil	& mai
JAN 21 1965 P. O. P. E	taber M.A	25C. FUNERAL DIRECTOR	APDRESS APPRESS
VS 150-REV. 1/1/65		Asser Hiller	f answer gry

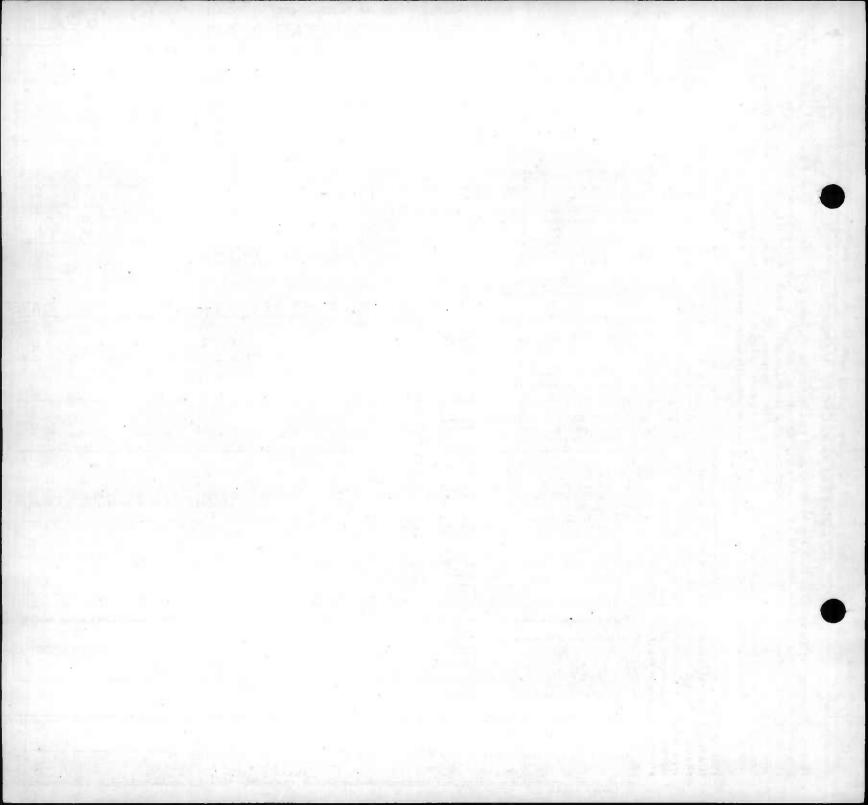


		BALTIMORE CIT	Y HEALTH DEPARTMENT	CF	为中门三
	TH NO. 65 0724	CERTIFICA	ATE OF DEATH	Regist Pad Na.	0720 26
1. N	IAME OF DECEASED	dmonia	1119	165	3 3 Mgo
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	e deceosed lived. If in	stitution: resi entre before odmiss
	FULL NAME OF (If not in hospital or institu	tion, give street	Moryland	Balt. 19	10/ S
	HOSPITAL OR oddress or location) NSTITUTION		C. CITY OR TOWN (II guts		254 1 00
	University Hosp			urol, give location)	M C
Baltimore, Maryland			1807 Line	4	NER S. S.
5. 5	AF 6. RACE 7. MAR	RIED, NEVER MARRIED OWED, DVORCED (specify)	B. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
	USUAL OCCUPATION (Give kind of work 10B, KIN eduring most of working life, even if retired)	D OF BUSINESS OR INDUSTR	1 -	gn country)	12. CITIZEN OF WHAT COUNTRY?
Н,	1 1	one	va.		U.S.
13.	FATHERS NAME		14. MOTHERS MAIDEN NAM		
	Joseph Porter		tsabelle	Brown	1
15. (Ye:	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
	cuo	none	CestellaEbert	want - 180%	Luden Cen
	18. 3 4 4 X 1	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	- 41	,	rahal	11.00
	(This does not mean the mode of dying,	e.g., DUE TO (	ppertensive ce	rebrai	
	heart failure, asthenia, etc. 11 means the dis- injury or camplication which caused death.)	0.000	ind cardiovas		
	ANTECEDENT CAUSES	(6)	ena Carchiovas	scular	
	DISEASES OR CONDITIONS, if any, g	DUE TO iving	1.00.		
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)	disease	derivado de destreta en 18 48 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	II.				
ON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO	UTING			
CATIO	DISEASE OR CONDITION CAUSING IT.		TOO A ALLEGE WORK IV N N N N N N	200 te wee weer	CANDINGS CONCIDENCE
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	USES OF DEATH?
CER	21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.	, in or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?		
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
×	(APPROX.)	While At Not Will Work At Work			
	22. I certify that (I) (this hospital) attend		84/11	9 to 1100	PM 119 19 6
	that (1) (we) last saw the deceased alive	on PM 1/19/05	7.4	7	nian death occurred on the
	and hour and from the couses stated about			,, (3) 0	
	23A. SIGNATURE	(1) (ala) (ala hai)	The body offer dedfin.		23B. DATE SIGNED
	Dandlet. 91	M.D. A	ttending Med. Director	Stoff Phy s.	1/20/65
	23C. PHYSICIANS David W.	Morse	23D. ADDRESS		
	NAME (Type) David . M	offer Se	. University	Hospita	el Baltimors
244	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF C		CATION (Ci	ty, town, or county) (Sto
	REMOVAL (Specify)	1	.1	and a	1
		- X 1.	1//-	1. 00	111.
254	Derec'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	wello N	ADDRESS
254	D. DATE REC'D BY HEALTH DEPT. 258. NA		25C. FUNERAL DIRECTOR	rullon	ADDRESS
25 A	Sune 1/23/65	ME OF REGISTRAR  TO E FARRYMAN	25C. FUNERAL DIRECTOR	wellow	701 M. Cull





VS 150-REV. 1/1/65



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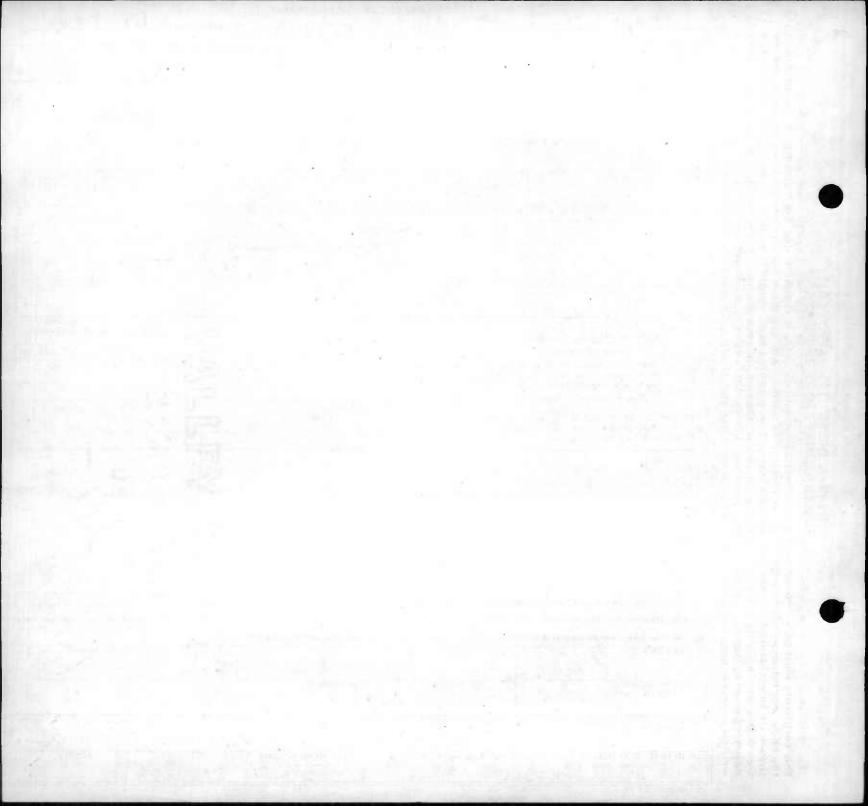
prior

ance

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Ernest, Charles R. 1/20/65 12P.M. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN () foutside city limits, write RURAL Baltimore St. Agnes Hospital D. STREET ADDRESS (If rurol, give location) 619 S. Beechfield Ave. made 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE ()n years If Under 1 Yr. Months: Doys II Under 24 Hrs. Hours : Mîn. WIDOWED, DIVORCED (specily) Hours lost birthdoy M Married 12/23/20 16A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired)
Patrolman Balto City Police Dept 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL 17. INFORMAN SECURITY NO. final wor or dates of service) INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY cardial Infarction LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the the remains UNDERLYING CONDITION last, CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, lorm, factory, street, affice bidg., INJURY OCCUR? (II in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) MEDIC obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (f) (this hospital) attended the deceased from 19 5 ond that in(my) (our) apinion deoth occurred an the dote that (1) (we) lost saw the deceased alive an and hour and from the couses stoted obove. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. Med. Stoff M.D. Director approvai 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. 24A. SURTAL CREMATION, 24C. NAME of CEMETERY or CREMATORY REMOVAL (Specify) ritten 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C FUNERAL DIRECTOR



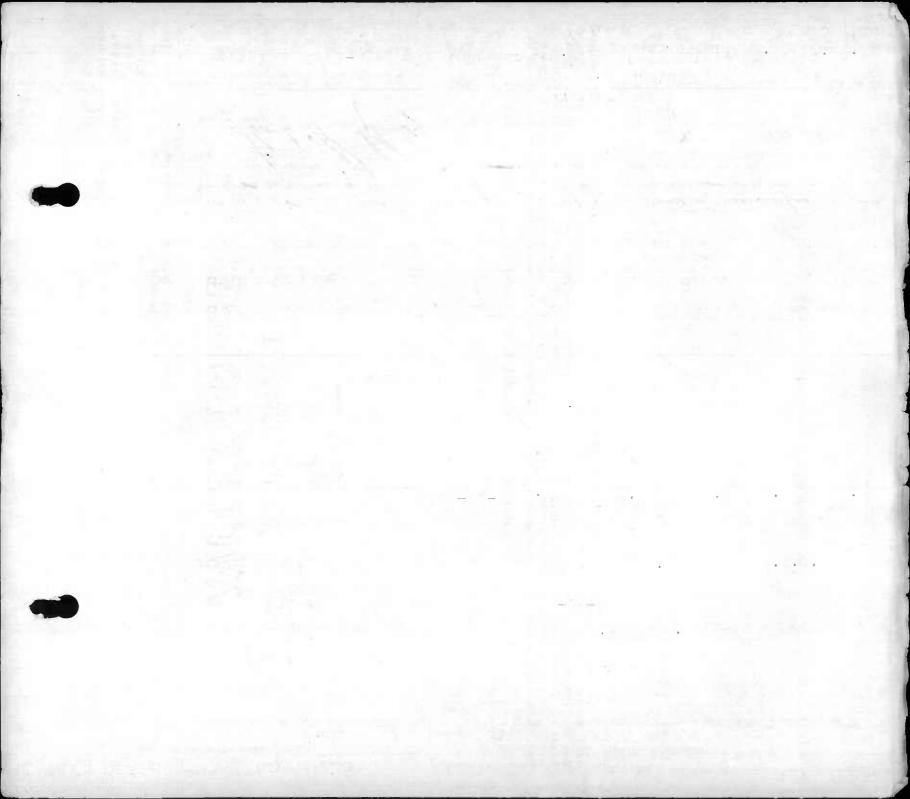
a hospital and

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

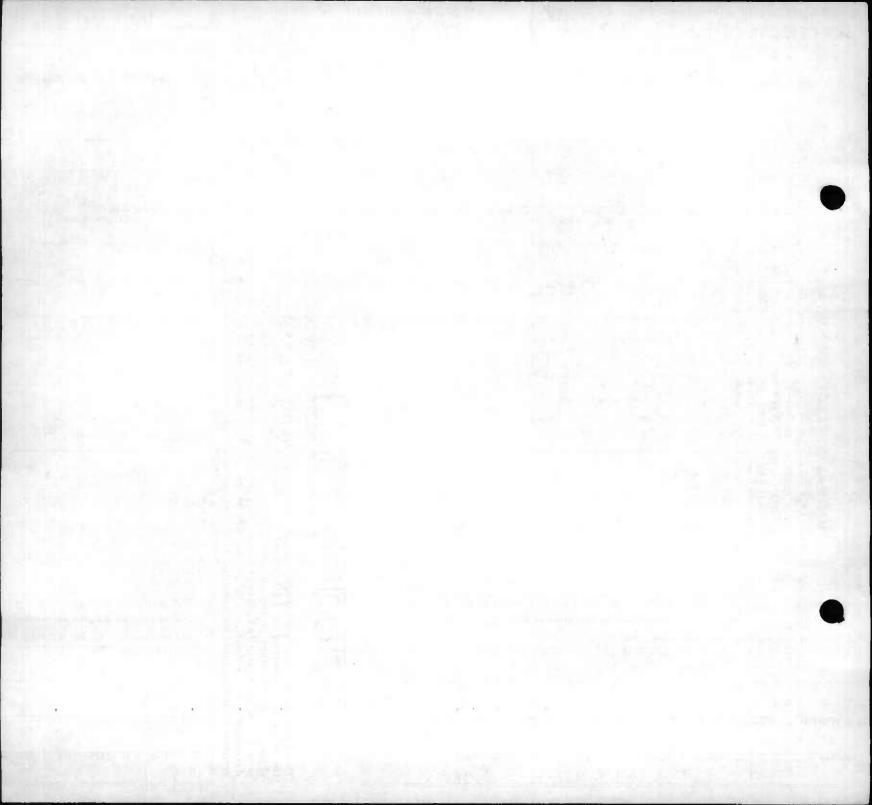
BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	65 0728		CE	RTIFICA	TE OF	DEATH	Registered No.	65	072
M.E. CASE NO 1. NAME OF D (Type or Print)		, j ,	Votta	51		2. DATE A	NOT HOUR OF DEATH	13:5	50 1
B. PLACE OF	DEATH IN BALTIMORE, MA	RYLAND	70		4. USUAL A. STATE	RESIDENCE (Wh	ere deceased lived. If i	nstitution: residence	before admis
FULL NAME HOSPITAL O	R oddiess of location	or institution,	give street		1	yland R TOWN (16 o	outside city limits, write	RURAL and give to	wnship)
1143111011014	Marry Hospi	to/				timore			
	Luerca Hosli	14.1			D. STREET		f rural, give location)		
5. SEX	6. RACE	7. MARRIED,	NEVER MA	RRIED	B. DATE O	S. High	9. AGE (In years	If Under 1 Yr.	If Under 24
Male	White	Widow	o, divorce	D (specify)	10-3	1-1890	1ast birthdoy)	Months Days	If Under 24 Hours M
	CUPATION (Give kind of work of working life, even if retired)	10B, KIND OF	BUSTNESS	OR INDUSTRY	11. BIRTHPI	LACE (State or for	eign country)	12. CITIZEN OF WHAT COU	
	Metal Reire	d			Balt	imore M	d.	U.S.A.	
3. FATHER'S N	IAME				14. MOTH	ERS MAIDEN NA	AME		
John	Votta				Marv	Azzato			
5. Was Deceas	sed Ever in U. S. Armed Ford	s of service)	1 6. SOCIAL	TY NO.	17. INFORM			ADDRE	SS
no	, will yes, give war ar area.	01 3011100	219-	30-978	Mich	ael J.V	otta Jr.30	7 S. High	St.
1B. 3.5	58.01		1	CAUSE C	OF DEATH				AL BETWEEN
DISE	ASE OR CONDITION DIR	ECTLY			1.	- of		ONSET	AND DEATH
/TI	LEADING TO DEATH			(A) (	ancia	males	12	41	cor.
	s not mean the mode of re, asthenia, etc. It means			DUE TO	2	1: -			
injury or c	complication which coused	deoth.)		6	ral	Carcan	mila		
	ANTECEDENT CAUSES			DUE TO	0 0	^	11	***************************************	
	OR CONDITIONS, if the obove couse (A)			(C) H.	5 6	- / x	Finence		
	ING CONDITION lost.	sioning me		(0)					
	11								
	SNIFICANT CONDITIONS CONDEATH BUT NOT RELA								
A DISEASE	OR CONDITION CAUSING IT	Г.		DATION:	120 A	TORCY2 (Van a. h	000 IE VEC 11555	EMPINGS CONSIS	DEBED
19A. DATE	OF OPERATION 198. CONI	ORMED	WHICH OPE	KATION	20A. AU	IOESTERIES OF D	IN CERTIFYING CA	USES OF DEATH?	JEKED
OR CONTR	DENT WAS UNDERLYING  BIBUTING CAUSE OF	hom	re, form, fac	tNJURY (e.g.,	in or about 21 office bldg., 1N	C. WHERE DID	(If in Baltimor	e City, give exoct	locotion)
<u> </u>	tify medical examined	etc.							
OF INJURY	(Manth) (Day) (Year)		INJURY O			F. HOW DID IN	JURY OCCUR?		
(APPROX)		Wo	ile At	Not Whi At Wark		1.		,	
22. I certi	ify that (1) (this hospital)	) attended t	he decease	d from	1	119	19 65 to	1/19	19.6
that (I) (w	e lost sow the decease	d alive on	1	1 19	19	65 and t	hot in (my) (pur) opi	Inion death occur	
and have	and from the couses stat	2d obove 1	)  } (W#A (did	() (did)	view the ho				
23A. SIGNA		///	1	, (44-10.7	***************************************	a, and acom.		238. DATE SIGNE	D
~1	The following	Land,			ending	Med.	Staff Phys.	1/10/00	5-
23C. PHYSIC	CIAN'S	ready		Ph	23D. ADDRE	Director	rnys, Z	17700	
NAME		/		M.D.	TO TO M		4-7		
AA BUBIAL C	DEMANTION TO SERVE	2.0	AAAE . CET			y Hospi		Th	1 (5)
REMOVAL	REMATION, 248. DATE L (Specify)	24C. N	AME of CEA	AETERY of CR	EMATORY	240.	LOCATION	ity, town, ar county	) (Sta
Buri	al 1/23-6	5 Hol	y Red	eemer	Cem.	3 44	30 Belair	Rd. Balt	.Md.
		258. NAME			25Q. FU	HERAL DIRECTO	8	ADD	RESS
	SU COEL IZ NHE	10. 5	500	Su. P.D	14	1 Dusto	1000 a 1100	291	SHI

Burial 1/23-65 Holy
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF JAN 21 1965 P. C. & E. VS 150-REV. 1/1/65

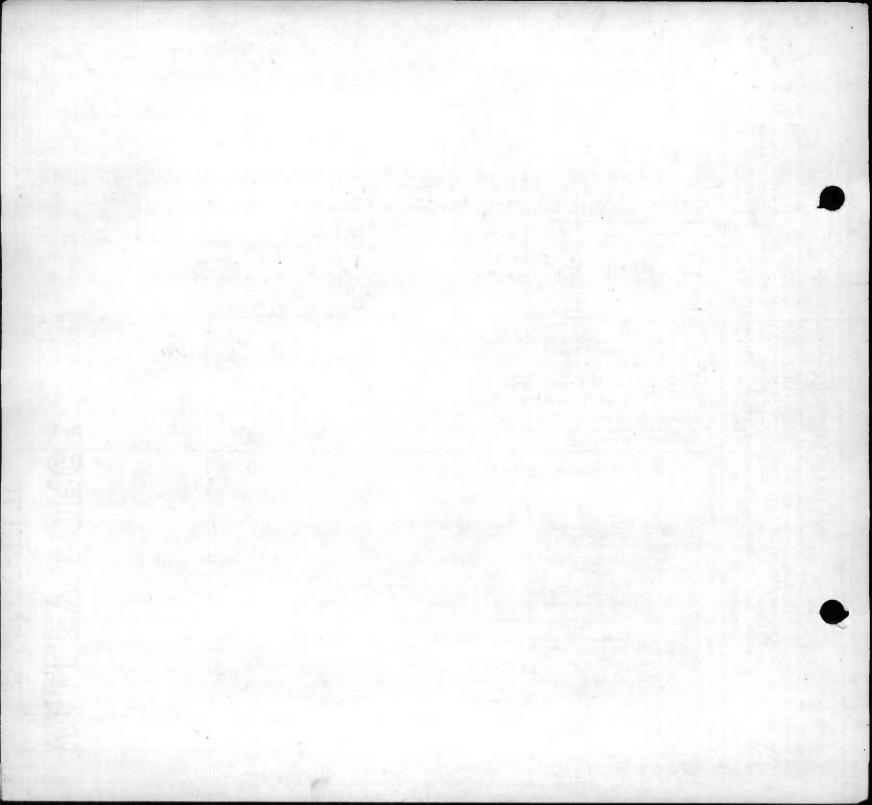


	45-0030g?	BALTIMORE CITY	HEALTH DEPARTMENT		65	0720	4
	rh No. 65 0729	CERTIFICA	TE OF DEATH	Registered Na	U	0160	1
1, N	E. CASE NO.  IAME OF DECEASED BABY	GIRL PAR	SONS 2. DATE AN	D HOUR OF DEATH		8:156	) )
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When A. STAJE B. COUN	e deceased lived. If ins	titution: res	idence before odr	mission
	FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location) NSTITUTION	ion, give street	C. CITY OF TOWN III OUT Bal tipeor	side city limits, write R	3-2 URAL ond	give township)	
2	bouth Baltimore Ge	neral Hosp.		arney S	treë		
5. !	F W WIDO	RIED, NEVER MARRIED Y		9. AGE (In years lost birthday)	If Under Months I	Doys Hours	24 Hrs. Min.
	. USUAL OCCUPATION (Give kind of work 10 B. KIN)  e during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	Balto. Md	gn country)	12. CITIZI WHA	EN OF T COUNTRY?	
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE			
6			Nean Ro	1=			
5. Y e	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
-	18. 7 2 4 X I	CAUSE O	F DEATH			NTERVAL BETWE	
ATION	(This does not mean the mode of dying, heart failure, asthenio, etc. It means the dise injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	DUE TO ving The (C)	hunnaturely mature Labor				
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	SES OF D	CONSIDERED EATH?	
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID iffice bldg., INJURY OCCUR?	(If in Bollimore	City, give	exact location)	
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At Not While Work  Not Work	21F. HOW DID INJ	URY OCCUR?			
	22. I certify that (this hospital) attend	ed the deceased from	10165	9ta1	1101	<u>65 19</u>	
	that (\$ (we) lost saw the deceased alive	on 1110165	19ond the	at in(my) (aur) opin	ion death	accurred on t	he da
	and haur and fram the causes stated above	e. (I) (We) (did) (did nat) v	iew the bady ofter death.				
	23A. SIGNATURE	(Ann Aug Aug	- de AA-4 -	s /	23 B. DATE	SIGNED	
	Smald M.	Phy		Stoff Phy s.	111	19/65	-1
	23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS				
24	DONALD M. WOOI	4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	South Balto. Ge				
241	REMOVAL (Specify) 248. DATE 1985	C. NAME OF GEMETERY LOS CRI	MONTH OF SADING	CATION A City	y, lown, or	county) (	(Stote)
25	A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF RECHAS HOP	KINS MEDICA	L SCHOOL		ADDRESS	
201		1. Den M. D	MORTILA	DV CEDT	(934	ADDRESS	
VS	150-REV. 1/1/65	Try Section	AMORTOA	ALL SERVI	LE -	BCHB	



65 0730	BALTIMORE CITY	HEALTH DEPARTMENT		65 0730
MIRTH NO. 145 01334	CERTIFICA	TE OF DEATH	Registered Na	
1. NAME OF DECEASED (Type or Print) () Littern Andr	ent Boy	2. DATE AN	D HOUR OF DEATH	LE PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If ins	titution: residence before admission)
FULL NAME OF (If not in hospital or institution HOSPITAL OR oddress or location) INSTITUTION	, give street	C. CITY OR TOWN (If out	side city limits, write R	URAL ond give township)
Thorth Charles Gene	ral Hoep.	D. STREET A BORESS (IF	Md - rurol, give location)	62-00
	D, NEVER MARRIED ED, DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
(OA. USUAL OCCUPATION (Give kind of work 108, KIND (done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
		moryland	1	Wis.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAP	ME	
Derkley other		Groben.	alice	
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	Hasp to	Reen	ADDRESS
18. 7 72 0	CAUSE O	DEATH	1-000 4	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		11 /	M. P.	ONSET AND DEATH
LEADING TO DEATH  (This does not meon the mode of dying, e.g.	(A)	Hyaune	//nemora	n.C
heart foilure, ostherno, etc. It meons the discos- injury or camplication which caused deoth.)		desias		
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, givin	•			
rise to the obove cause (A) stating the UNDERLYING CONDITION last.	e (C)			***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	NG HE			
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
OR CONTRIBUTING CAUSE OF	B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of c.)		(If in Boltimore	City, give exect location)
OF INJURY  (A PRECY)	E. INJURY OCCURRED  /hile At	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (I) (this hospital) attended		1-11-	19 65-70	1-13- 1965.
that (1) (we) last saw the deceased alive an				nian death accurred on the date
and haur and from the causes stated above.				
23A. SIGNATURE	2 -			23 B. DATE SIGNED
GEOKGE HEI	Phy:		Stoff Phys.	1/13/1965
23C. PHYSICIAN'S NAME (Type) Sloafe Helpelo	M.D.	23D. ADDRESS	. Charles	11-
24A. BURIAL CREMATION, 248 TOTE 9 1935.	TOHNS HODE	WARRY UF MARK	City (City	y, fown, or county) (State)
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME	OF YELLSTON TOP	TOOL FUR MAN DI RECADE	SCHOOL	ADDRESS

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RECISIVAL HUPKI 39S. FUNINAL DIRECTOR SCHOOL ADDRESS MORTUARY SERVICE - BCHOOL VS 150-REV. 1/1/65



(		
	SUPPLIED.	LEGIBLY.
RECORD.	BE CAREFULLY	CLEARLY AND
THIS IS A PERMANENT RECORD.	EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED	PLEASE WRITE THE CAUSES OF DEATH CLEARLY AND LEGIBLY
T	VERY ITEM OF IN	PLEASE WRITE TI

BIRTH NO.

5. SEX

M

13. FATHER'S NAME

I. NAME OF DECEASED (Type or Print)

FULL NAME OF HOSPITAL OR

INSTITUTION

BALTIMORE CITY HEALTH DEPARTMENT

**CERTIFICATE OF DEATH** 

leg	iste	red	No.

	2. DATE OF DEATH
	1-2-65
4. USUAL RESIDENCE (Where decessed	lived. If institution: residence before admission)
A. STATE B. COUNTY	m 12 m 12
MARYLAND	2 100
C. CITY OR TOWN (II outside	a city limits, write RURAL and give township)

2707	Cheswolde	Road	#	9
				_/

7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)

108, KIND OF BUSINESS OR INDUSTRY

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

BACTIMORE D. STREET ADDRESS

9. AGE (In years If Under I Yr. Months : Days If Under 24 Hrs. Hours ! lest birthdey) mo. II. BIRTHPLACE (State or loreign country) 12. CITIZEN OF

MARYLAND

GARY	D
16. SOCIAL	17. INFORMAN

SECURITY NO.

ADDRESS 12. INFORMANT

FATHER CAUSE OF DEATH

spiration

SAMF INTERVAL BETWEEN ONSET AND DEATH

WHAT COUNTRY?

USA

## 18. 3 3 7 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

DENNIS

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

6. COLOR OR RACE

IDA, USUAL OCCUPATION (Give kind of work

done during most of working life, even if retired)

FRANCIS

15. Was Deceased Ever in U. S. Armed Forces?

(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION last.

(B) TRACHEO - ESOPHAGEA C FISTULA

(Hour)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFIC IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

19A. DATE OF OPERATION

198. CONDITION FOR WHICH OPERATION WAS PERFORMED

20. AUTOPSY? YES IN NO

21A. ACCIDENT WAS UNDERLYING | OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

218, PLACE OF INJURY (e.g., in or about

21C. WHERE DID INJURY OCCUR? home, larm, factory, streef, ollice bldg.,

(II in Baltimora City, give exact location)

21D. TIME (Year) OF INJURY

21E. INJURY OCCURRED WHILE AT

ZIF. HOW DID INJURY OCCUR?

22. I certify that (1) (this haspital) attended the deceased fram .....

WORK

NOT WHILE -AT WORK

19 64, that (1) (we) last saw the deceased alive an i2-30

23A. SIGNATURE MED. DIRECTOR ATTENDING PHYS.

238. ADDRESS

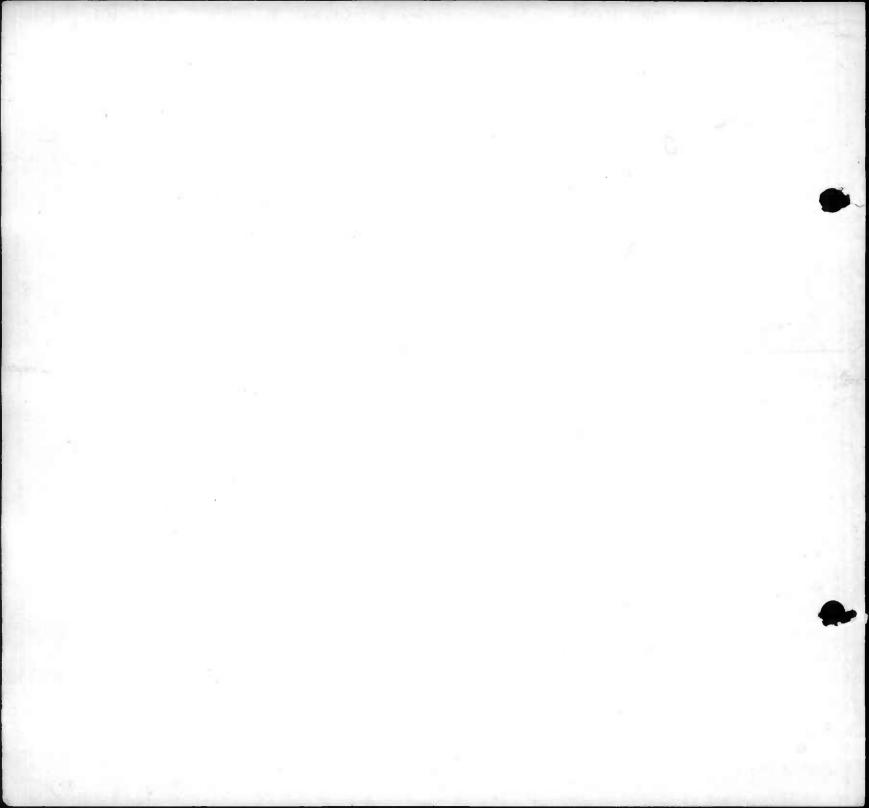
23C. DATE SIGNED

24A, BURIAL, CREMATION, REMOVAL (Specify)

STAFF PHYS. ZAC. NAME OF CEMETERY OF CREWATOR

25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAN

VS 150



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

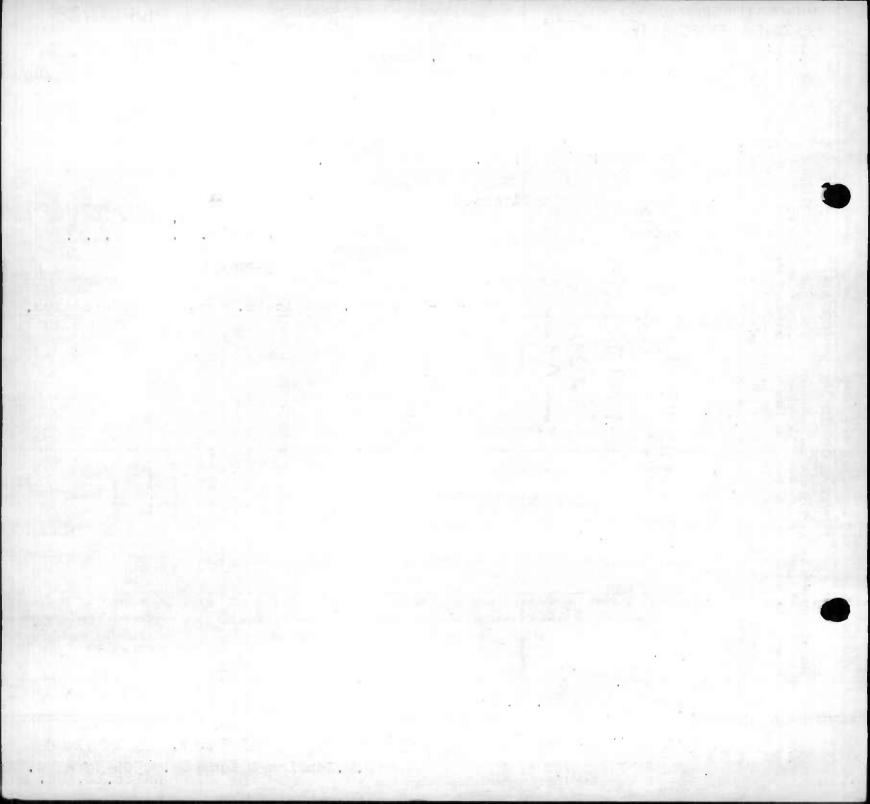
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death.

VS 150-REV. 1/1/65

Such

	BALTIMORE CITY	HEALTH DEPARTMENT		65 0732
BIRTH NO. 65 0732	CERTIFICA	TE OF DEATH	Registered No	00 0702
	rence B. Emge	2. DATE AN	HOUR OF DEATH	12 ou P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If ins	stitution; residence before admission
FULL NAME OF (If not in hospital or institut oddress or location) INSTITUTION	tion, give street	c. city of town Nor out	side city limits, write R	URAL and give township)
		BALTIMORE,	urol, give location)	
JOHNS HOPKINS HOSPI		036 N. BROAD		
	RIED, NEVER MARRIED DWED, DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months; Doys Hours Min.
MALE WHITE DI	Vorced	10-24-81	83	12, CITIZEN OF
done during most of working life, even if retired)	rtist	Baynesville,	Md.	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	0 10 111
JOHN EMGE		MARTHA BE	RRYMAN	
5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(Iff yes, give war or dates of servi	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO		Mrs Beatrice	M.Rice.53	28 Midwood Ave.
18. 44 20 11		F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		1 10 110		/
(This does not mean the mode of dying,	e.g., QUE TO	? mI	/d-q	12 herry
heart foilure, asthenia, etc. It means the dise	ease,	In		
ANTECEDENT CAUSES	(B)	ASCUD	இதல் இல்இல் கணை வ காறந்ததாக என முகுது நான்றந்ததாக அதுத்து இ	
DISEASES OR CONDITIONS, if ony, gi	DUE TO ving			
rise to the above cause (A) stating UNDERLYING CONDITION lost,	the (C)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 1C. WHERE DID	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED  While At Work  Not White At Work		JRY OCCUR?	
22. I certify that (1) (this haspital) attend			955 to 1	19 53-
that (I) (we) last saw the deceased alive	. /	19 65 and the	t in (my) (our) onin	ion deoth occurred on the da
ond hour and from the causes stated abov		view the hody ofter death	( <u></u> .) (001) 0pm	Jooni occomed on the du
23A. SIGNATURE		ind body unter deding		23B. DATE SIGNED
Allellell	M.D. AH		Stoff Phys.	1/25/
238. NYSICIAN'S NAME (Type)	1	23D. ADDRESS	.,	1/4/55
T.R. C. Grell T. R.	. CALDWELL M.D.	Tohna Hon	Vas 12-	1/1
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (City	y, lown, or county) (Stote)
	Loudon Park (	emetery B	altimore,	Maryland
25A, DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		Maryland ADDRESS
	Farley M. B	H.W. Jenkins	w bons co.	Halto 12 Md.
/S 150_REV 1/1/65				



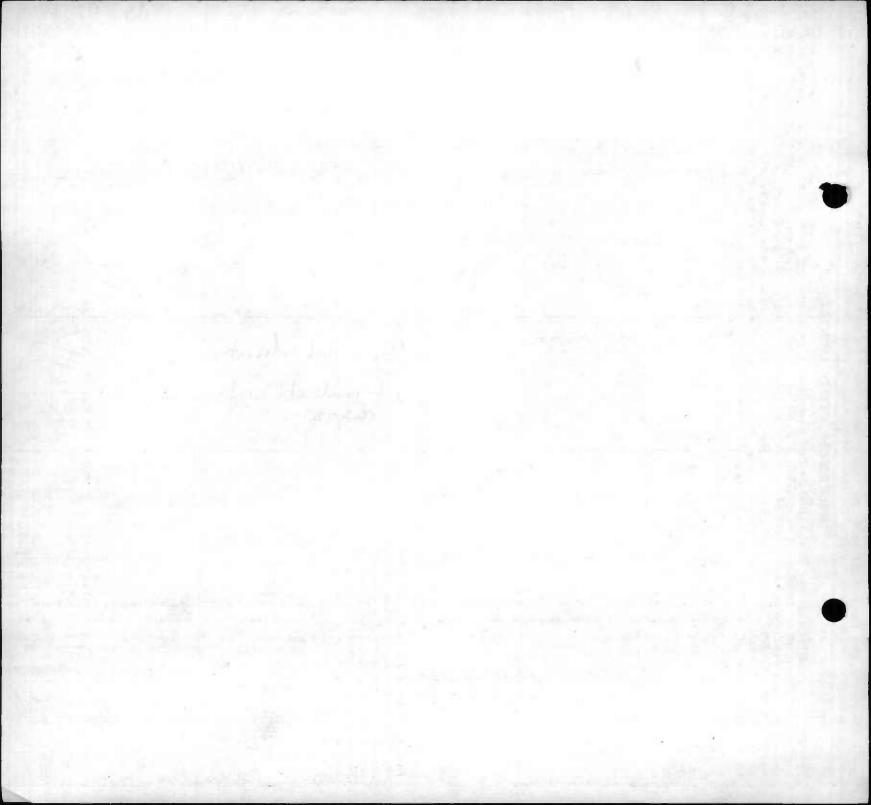
FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

	65 073	23	BALTIMORE CIT	Y HEALTH DEPARTMENT	Y	65 0733
BIRTH NO.	00 07	UU	CERTIFICA	TE OF DEATH	Registered No	00 0700
M.E. CASE NO.			0_1((1))		ND HOUR OF DEATH	
Type or Print)	2016 O 1 CA	T.o. P	upprecht		.19.1965	
PLACE OF D	EATH IN BALTIMORE, M.		appreent			stitution: residence before admission
DTIELC	ATE CORRECT		-26-65	A. STATE B. COU	NTY	h OF
FULL NAME	of hi no in hospital	or institution, g	ive streel	Md.		Galto.
HOSPITAL O	R oddiess or location	on)			utside city limits, write F	RURAL ond give lownship)
	Harford Gar	dens N.	н.	Baltimore		33-00
					rural, give lacation)	
				6005 Lakevi		
SEX	6. RACE	7. MARRIED,	NEVER MARRIED , DLV ORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost bighdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
F	W	Widow	DIVORCED (specify)	8-24-1880	84	
	CUPATION (Give kind of wo of working life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Housew				Maryland		USA
FATHER'S N.				14. MOTHER'S MAIDEN NA	ME	USA
John W	olten			Frances Whi	+-	
					00	1005-00
es, no or unkno	ed Ever in U. S. Armed Fo wn) (If yes, give wor or do	orces? les of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			212-05-048	Mrs. Irma R	Muhly	Above
1B. 😅	20 X I			OF DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION D	IRECTLY	-	1 , , ,	,	ONSET AND DEATH
5.52	LEADING TO DEATH		(n (e)	rebral Throng	bosis	1 year
	not meon the mode o		DUE TO			
	e, osthenio, etc. Il meon omplication which couse			rebral Throng endized Ant	- /-	
	ANTECEDENT CAUSE	S	(B) Con	eralized MM	eni osolerosi.	<i>f</i>
DISEASES	OR CONDITIONS, if		DUE TO			
	The above couse (A)		(C)			
UNDERLYI	NG CONDITION last.		E SE STATE OF SECULO			
1	11					
	NIFICANT CONDITIONS DEATH BUT NOT REL					
DISEASE C	R CONDITION CAUSING	IT.		100 A	1 2 000 10	
D 19A. DATE		NDITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTR	BUTING CAUSE OF	21 B.	PLACE OF INJURY (e.g., e, form, foctory, street,	office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
	tify medical examiner)	etc.)				
21 D. TLAAF	(Month) (Doy) (Year	) (Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
OF INJURY			le At Not Wh			
		Wor			- 4	
22. 1 certi	fy that (1) (this hospite	ol) ottended th	e deceased from	Van	19 6 d to	Van 19 65
thot (1) (*	e) lost sow the deceos	sed olive on	Var. 10	19 6 5 ond t	hot in (my) (but) opi	nion death occurred on the c
and hour	and from the couses st	oted chave. (I	(ten Joth) (bib) (all)	view the body ofter deoth.		
23A. SIGN A	/7		( the fair) (alection)	ine sour other deorn.	The state of	238. DATE SIGNED
	m		M.D. At	lending Med.	Stoff -	1/2./1
220 2111	Loy 11/4	france	Ph Ph	ys. Director	Phy s.	1/20/65
23C.PHYSIC NAME	(Type)			23 D. ADDRESS		
	Loy M. Z	immerma	n M.D.	3202 Harfor	d Rd.	
4A. BURIAL &	REMATION, 248. DATE		ME of CEMETERY OF CI	>		ty, town, or county) (State
		4 T.	mana a 7 Tag to		- 7	3.53
Burial	1-22-	25B, NAME O	manuel Lutl	25C. FUNERAL DIRECTO	altimore	Md.
1 M M Z	A D D T T T T T T T T T T T T T T T T T		- newstanna			o.4905 York Rd
JAN 21	1965 10 0 6	C In O	4.0	II * AS * 6 GITE TII	a comp o	0.4705 TOPK NO
\$ 150-REV. 1/	1/65	7, 400000	/			

V.S. 153 1-26-65 M.H.

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# 554	200
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F + 0 5 0	3
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

65 07	BALTIMORE CI	TY HEALTH DEPARTMENT	X	65 0734
BIRTH NO.		ATE OF DEATH	Registered No.	00 0101
M.E. CASE NO.		2. DATE AN	D HOUR OF DEATH	
	1 Sophia M		ary 19.	Pht all n
Type of Print) FANKhane 3. PLACE OF DEATH IN BALTIMORE, N	AARYLAND	114. USUAL RESIDENCE (Willet	e deceased lived, it in	stitution: residence before admissio
		A. STATE B. COUN		n At
FULL NAME OF (If not in hospit HOSPITAL OR address or local	tal or institution, give street	MaryLand	(	RURAL ond give township)
INSTITUTION	,	// 1	side city limits, write l	A STATE OF THE STA
Maryland Re	neval Hospital	D. STREET ADDRESS (III	real, give location)	53-00
Mary cana je	neral Hospital	D. STREET ADDRESS		9 1
		BII DEC		Rd.
S. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hi Months Doys Hours Min.
Hemale While	Widowo	March 22, 1886	78	
SA, USUAL OCCUPATION (Give kind of w lane during most of working life, even if retire	rark 108. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
	nene	Baltimor	e ml	u.s.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
T	. sah = 2	0.180000	Doct	1. 200
Jos Didu		Catherine	DOETSC	
5. Was Deceased Ever in U. S. Armed Tes, no ar unknown) (II yes, give war ar d	Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO -	218-17-342	9 W/MR FANKH	ANEL 520	of LOCH RAVENB
18. 44 2 6 1	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OF CONDITION	DIRECTLY		1	ONSET AND DEATH
LEADING TO DEAT	H (A)	Gocardial enta	retron	15 days
(This does not meon the mode	of dying, e.g., DUE TO	)		
heart failure, asthenia, efc. It mea		1	1	0
ANTECEDENT CAUS		Herioscherote a	androvascu	la
	DUE TO	discord		
DISEASES OR CONDITIONS, in		Marchae		
UNDERLYING CONDITION lost.		**************************************		
O THE SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R	CONTRIBUTING			
A   DISEASE ON CONDITION CARSIN.				
	ONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes) or No	IN CERTIFYING CA	FINDINGS CONSIDERED
				osts of beating
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g	office bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)
DEATH (notify medical examiner)	etc.)			
O 21D. TIAAF (Month) (Doy) (Ye	at) (Hour) 21E INJURY OCCURRED	21 F. HOW DID INJU	URY OCCUR?	
OF INJURY (APPROX)	While At Not Work At Wo			
22. I certify that (1) (this hospi	tol) ottended the deceosed from	January A 1	9 65 10 ga	nuary 19 19 65
that (I) (we) last sow the deced	tol) ottended the deceosed from seed olive on January	2 20019 65 and the	ot in (my) (aur) opi	nian death occurred on the d
and hour and from the courses	tated obove (I)(We) (did) (did not	A view the hady after death		
23A. SIGNATURE	Table 10 (alla) (alla) (alla)	, view the body diter death.		23B. DATE SIGNED
11	7 00, M.D.	Attending Med.	Stoff X	9.
Han		hys. Director	Phys.	January 19, 6
23C. PHYSICIANS	1	23D. ADDRESS		000
Vill V	SUN VIM M.	D. / marula	nd Hen	eral Kospita
24A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF	11100 1		ty, town, or county) // (State)
REMOVAL (Specify)		(/		- //
001211-	1 = 1111111			11 11-
	-65 HOLY KEDEEH	2/46	יסדי	I MO.
I A at a a	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	יסני	ADDRESS,
JAN 21 1965	11027	2/46	ENKINS & SO	ADDRESS OWS 4405 YORK



CERTIFICATIO

19 A. DATE O

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cause of death a hospital and

CF OMBI	BALTIMORE CITY	HEALTH DEPARTMENT		CE OMOS
мятн No. 65 0735	CERTIFICA	TE OF DEATH	Registered Na	65 0735
M.E. CASE NO.	CERTIFICA	CIE OI DE/CIII		
1, NAME OF DECEASED		2. DATE A	AND HOUR OF DEATH	
(Type or Print) Margaret E. Willi	ng	Jan	uary 20, 1965	5 1 3 A M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospitot or institution	Cive Steet	4. USUAL RESIDENCE (WHA. STATE B. COU		stitutions residence before admission)
HOSPITAL OR oddress or location)	, give succi		outside city limits, write R	IPAL and give lawashin)
INSTITUTION OT O DE TOUR TOUR		C. CITT OR TOWN	ouside city limits, while k	JKAL ond give lownship!
218 Ridgewood Road		Baltimore		
Baltimore, Maryland	21.210		If rurol, give location)	
		2445 North	Charles Stree	21218
	D, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	ED, DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.
remale William Wido	wed	May 28, 1875	89	
IOA. USUAL OCCUPATION (Give kind of work 10B, KIND (done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY		reign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker		York County,	Virginia	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
? Evans		?		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No None	None	Mr. Thomas J.	Willing Wynr	newood. Pennsylvani
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made at dying, e.g. heart failure, asthenia, etc. It means the disease injury or complication, which caused death)	(A)	repeated the	Eart Films Emarchage Terro Schro	INTERVAL BETWEEN ONSET AND DEATH Shall Shall

1.0.10	TO THE TAX OF THE PROPERTY OF
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH Congression Frank Failur Sharp
(This daes not mean the made of dying, e.g heart failure, asthenia, etc. It means the disease injury or complication which caused death.)	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, givin.	(B) Myselfites DUE TO
rise to the above cause (A) stating the UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBITION	NG.

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
94. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., NJURY OCCUR?	(If in Boltimore City, give exact tocotion)
ATH (notify medical examiner)	etc.)	

OR DE 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While

MEDICAL (APPROX.) At Work Work 22. I certify that (I) (this hospital) attended the deceased fram

and that in (my) (out) aplnian death accurred an the date

and haur and fram the causes stated above. (1) (10) (40) (did not) view the body ofter deoth. 23A. SIGNATURE

Attending Phys. Med. Director Stoff Phys. M.D.

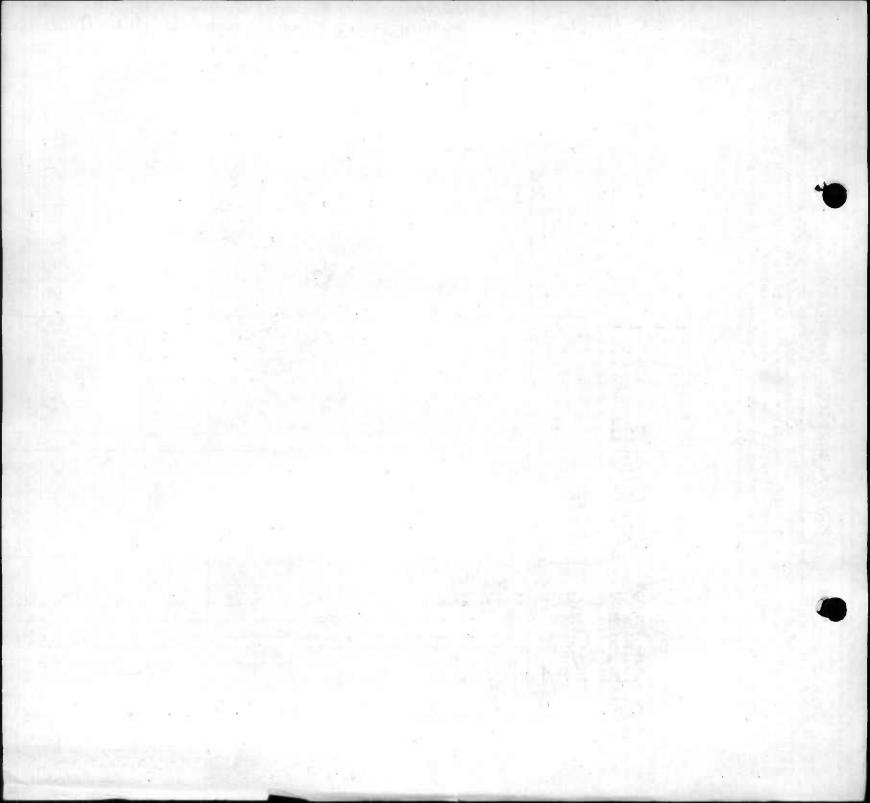
23C. PHYSICIÁN'S NAME (Type) 23D. ADDRESS

W. H. WOODY Ave Balto 24C. NAME OF CEMETERY OF CREMATORY (City, town, or county) 24D. LOCATION

REMOVAL (Specify) 155

Woodlawn 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT.

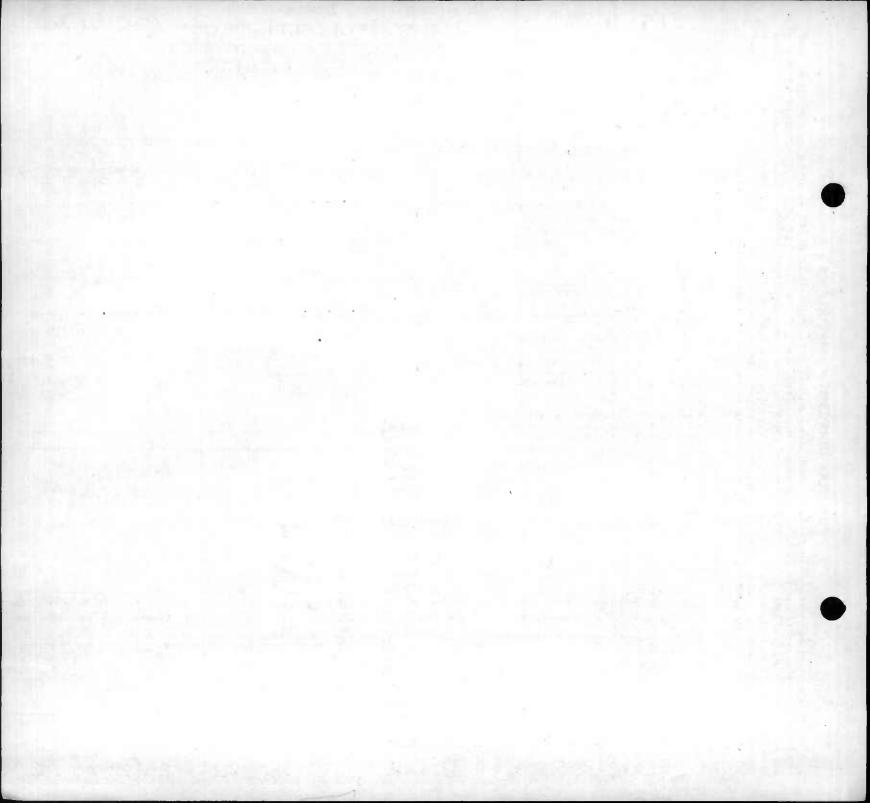
VS 150-REV. 1/1/65



## FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

65 0736	BALTIMORE CI	IT HEALTH DEPARTMENT	65 0736
BIRTH NO.	CERTIFIC	ATE OF DEATH Registered No.	00 0700
M.E. CASE NO. 1, NAME OF DECEASED		2, DATE AND HOUR OF DEATH	75
Type or Print) Ellen Schoener	man		18 10
B. PLACE OF DEATH IN BALTIMORE MARYLAI		January 19, 1965	stitution; residence before admission
		A. STATE B. COUNTY	
FULL NAME OF (If not in hospital or ins	titution, give street	Maryland	5-0
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (II outside city limits, write I	RURAL ond give township)
2502 Eutaw Place	9	Baltimore	
Baltimore, Mary	land 21217	D. STREET ADDRESS (If rural, give location)	
		2502 Eutaw Place	1.7
	ARRIED, NEVER MARRIED	B. DATE OF BIRTH 9, AGE (In years	If Under 1 Yr. , If Under 24 Hrs
	IDOWED, DIVORCED (specify)	lost birthdoy)	Months Doys Hours Min.
Female White  OA. USUAL OCCUPATION (Give kind of work 108, 1	Married	Nov. 14, 1883 81	In Chirth Of
one during most of working life, even if retired)	KIND OF BOSINESS OF INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hou sewife	Home	Baltimona Marriland	1070
3. FATHERS NAME	1101110	Baltimore, Maryland	
7			
Joseph Adelsdorf		Carrie Eliel	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of s	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
The state of the s	JECORIII NO.	Box 580	T
118 2/ 7/ 5 2	CAUCE	Mr. J. J. Miller Pikesvi	Interval Between
18. 4 4 3 X I		OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	Y 41.5	of the control of	+ my
(This daes nat mean the made of dyin	(A) 1993	eventury with an acropic treat ourses	illy 10 pm
heart failure, asthenio, etc. Il meons the		0 1 01: 0 10	in U
injury ar camplication which coused death	h.)	the tart town or Consollation	3 chian
ANTECEDENT CAUSES	(B) CT	and thook I again I amender I work	4
DISEASES OR CONDITIONS, if any,	giving	A'D BH - D. ma'	1041
rise to the obove cause (A) stati		undyel where the other	10 100
UNDERLYING CONDITION lost.			
_ 11		A	
OTHER SIGNIFICANT CONDITIONS CONTI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	RIBUTING	yland Aclerosis	11/1/
DISEASE OR CONDITION CAUSING IT.	TO THE	444 2004 2000	, yv t
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
199. CONDITION WAS PERFORM		IN CERTIFING CA	USES OF DEATH!
U 21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g	, in or obout 21 C. WHERE DID (II in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, lorm, foctory, street,	olfice bldg., INJURY OCCUR?	
U		015 Have	
21D. TIME (Month) (Doy) (Year) (Ho	While At Not W	21F. HOW DID INJURY OCCUR?	
(APPROX)			
22. I certify that (1) (this hospital) atta	anded the desented from	Seklember And 1064 in Ole	du and toth roll
	A	1/14 30 /	1911
that (1) (we) lost sow the deceased oli	1	19 45 ond that in (my) (our) opi	nion death accurred on the do
ond hour and from the couses stated a	bove. (1) (We) (did) (did not	) view the body ofter death.	
23A. SIGNATURE	- 10	AM	23B, DATE SIGNED
9/2 H William/Pro	mold M.D.	Attending Med. Stoll Phys.	Production to IKIT
23C. PHYSICIAN'S		Phys. Director Phys. 23D. ADDRESS	January 20, 1965
NAME (Type)	N	PINT	H BA
UR. H. WILLIAM Y	RIMAKAFF M.	· Emersoner Marynen	LA BOTHUNGULL, MA
4A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF	CREMATORY 24D. LOCATION (C)	ty, town, or county) (State)
REMOVAL (Specily) Burial 1/21/1965	Delti II		
	Baltimore Heb		
	NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	1. Stronger mel.
JAN 21 1965 R	Lest E. Jankey M.A.	wm. L. Duckner + sons	with + Paraver
S 150-REV. 1/1/65			



written approval must be obtained before the remains are embalmed or final disposition is made.

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prior to death. attendance

deceased

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on the

in a hospital and

	(	בינינים	BALTIMORE CITY	HEALTH DEPARTMENT		65 0727
		J UIGI	CERTIFICA	TE OF DEATH	Registered No	00 0737
,N	AME OF DECI		lean		D HOUR OF DEATH	,-37
F	ULL NAME OF	TH IN BALTIMORE, MARYLA  F (If not in hospital or insoddiess or location)	ND	Maryland C. CITY OR TOWN (If out	e deceased lived. If in TY	Stitution: iesidence before odmission)
				Baltimore D. STREET ADDRESS (IF) 1207 Penhurst	uiol, give locotion)	21215
	lale	White	AARRIED, NEVER MARRIED VIDOWED, DIVORCED (specify) Widowed	Sept. 21, 1882	9. AGE (In years lost birthdoy) 82	If Under 1 Yr. It Under 24 Hrs. Months Doys Hours Min.
done	during most of vocalesman	Retired	KIND OF BUSINESS OK INDUSTRY	Boonsboro Mar	vland	12. CITIZEN OF WHAT COUNTRY?
5. V	Was Deceased , no or unknown)	Ever in U. S. Armed Forces?	service) 16. SOCIAL SECURITY NO. 215-03-4619	Cara V  17. INFORMANT  Mrs. Scott K. W		Penhurst Ave.
	18. DISEAS	E OR CONDITION DIRECTI	CAUSE O	F DEATH	Alson Balt	interval Between onset and Death
	heart failure, injury ar cam	aslhenia, elc. It means the plicatian which coused deol	disease,	/		/
	rise to the	abave couse (A) state	giving			
ATION	DISEASE OR	CONDITION CAUSING IT.	TO THE Shabetes m	Sout oss Slitus Ekenin	wardig N	illendin Grave
ERTIFIC	NSTITUTION  1207 Penhurst Aven Baltimore, Marylan  SEX  6. RACE White  1. USUAL OCCUPATION (Give kind of work 108, KIN e during most of working life, even if retired)  Salesman Retired FATHER'S NAME S, no or unknown)  18.  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, heart failure, asthenia, etc. It means the disc injury ar camplication which coused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, girise to the abave couse (A) stating UNDERLYING CONDITION lost.	NED	20 A. AUTOPSY? (Yes or No.	IN CERTIFYING CAL		
CAL	OR CONTRIBU	TING CAUSE OF	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	ffice bldg., INJURY OCCUR?	(II in Baltimare	City, give exact location)
MEDI	OF INJURY	(Month) (Doy) (Year) (Ho	While At Not While Work At Work		JRY OCCUR?	
				10 10	956 10	Lasa / 9 1965

and hour and from the couses stated above. (1) (##) (did) (did not) view the body after death.

M.D. Attending Med. Stoff Phys.	TE SIGNED
The state of the s	200,

PHYSICIAN'S NAME (Type)

23D. ADDRESS 0 24D. LOCATION (City, town, or county)

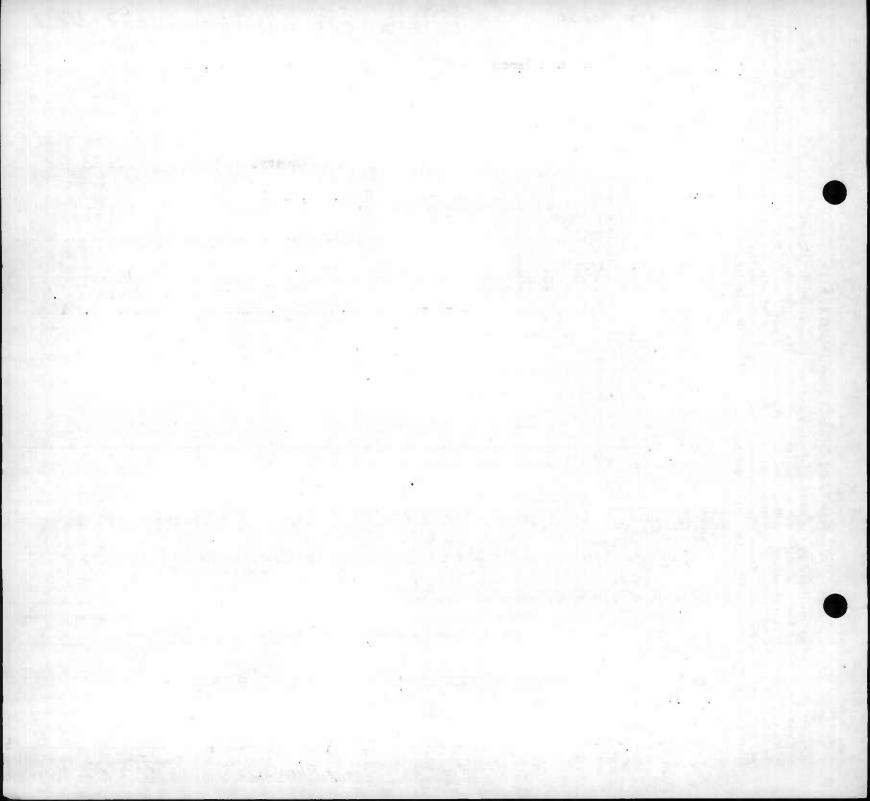
249 NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, REMOVAL (Specily) Burial 1/21/6 25A. DATE REC'D BY HEALTH DEPT. JAN 21 1965

Woodlawn Cemetery
25B. NAME OF REGISTRAR

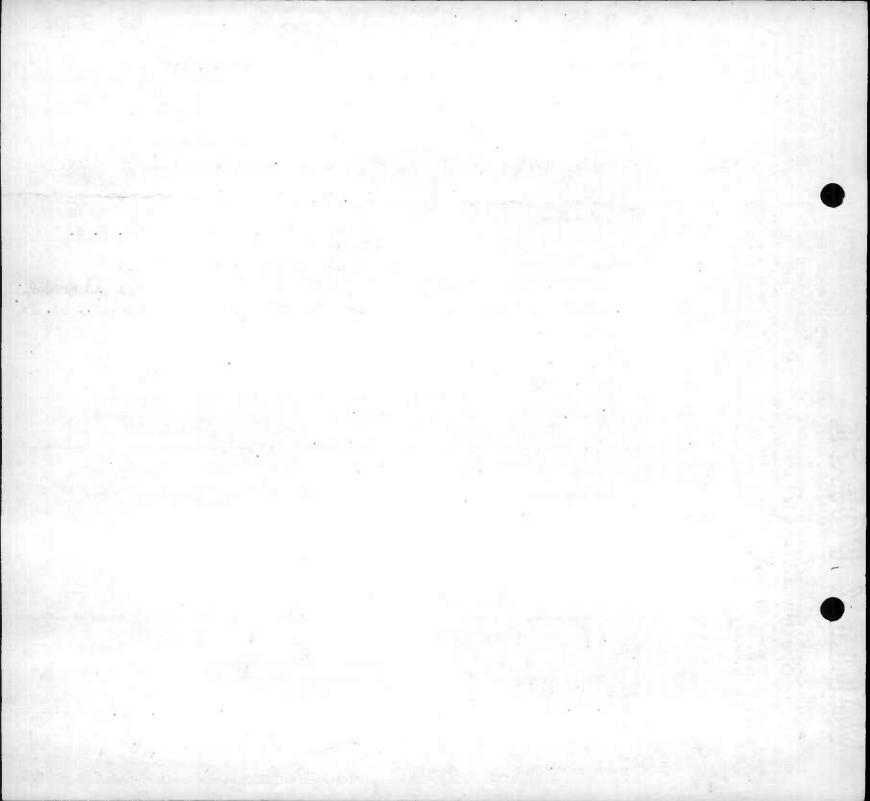
Results E. Talley M. N.

25C. FUNERAL DIRECTOR

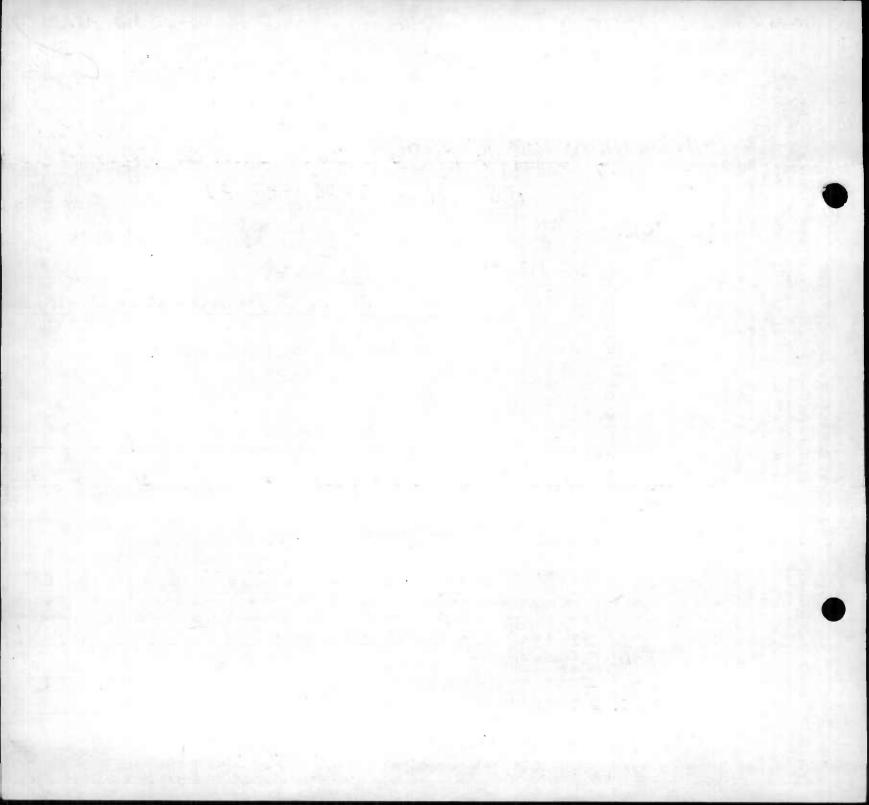
VS 150-REV. 1/1/65



A.E. CASE NO.	M M					65 propo	
	5 0738		CERTIFICA	TE OF DEATH	Registered No.	0.1 11/38	
NAME OF DEC	CEASED			2. DATE	AND HOUR OF DEATH		
Type or Print)	eneva Cohen			Ja	nuary 18, 196	5	
	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admissi-			
				A. STATE B. CO	YTAUC	1112	
FULL NAME (	OF (If not in hospital oddress or locatio	or institution, give	e street	Maryland		Same O	
INSTITUTION,			,	C. CITY OR TOWN (II	outside city limits, write I	RURAL and give town'ship)	
	501 Old Frede			Baltimore			
	plands Home f			D. STREET ADDRESS	(If rurol, give location)		
P	Baltimore, Mar	ryland 2	21229	4501 Old Fr	ederick Road	29	
SEX	6. RACE	7. MARRIED, N	EVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.	
Female	White	Sing		Aug. 24, 1879			
A. USUAL OCC	UPATION (Give kind of world					12. CITIZEN OF	
one during most of Retired	f working life, even if retired)			Moode Mill	a Masselland	WHAT COUNTRY?	
	AAP				s, Maryland	U. S. A.	
FATHER'S NA				14. MOTHERS MAIDEN			
?	Cohen			Ella Dorse	y Hobbs		
. Wos Decesse	d Ever in U. S. Armed For	rces?	6. SOCIAL	17. INFORMANT		4501 Old Freder	
	(If yes, give wor or dote	es of service/	SECURITY NO.		0 01	The second secon	
No	None				for Church Wo		
18. 14 4	20,11		CAUSE O	F DEATH		ONSET AND DEATH	
DISEA	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)			60			
				allery, all	30 minielle		
	(This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. Il meons the disease,			raney Occhesion 30		2 Sys a Bustons	
	injury or complication which coused death.)			andycold	1)		
	ANTECEDENT CAUSES			Myscerell			
DISEASES	DISEASES OR CONDITIONS, if any, giving			Les her tues	LON'		
	rise to the above couse (A) stoting the			71		00 0 00 0 00 0 00 0 00 0 00 0 00 0 00 0	
UNDERLYIN	UNDERLYING CONDITION Iosi.			00			
	ll ll						
	DEATH BUT NOT RELA						
DISEASE OR	CONDITION CAUSING	IT.		[20.4	N. 11 000 40		
INA DATE O	PA-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED			ZUA. AUTOPSY? (Yes of	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
		-					
0			ACE OF INJURY (e.g., in	n or obout 21 C. WHERE DIE	(If in Boltimore	City, give exact location)	
OR CONTRIB	ENT WAS UNDERLYING	home.	form, foctory, street, of	ffice bldg., INJURY OCCUR	?		
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examiner	home, etc.)	form, foctory, street, of	ffice bldg., INJURY OCCUR	?		
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)  (Month) (Day) (Year)	etc.)	form, foctory, street, of	ffice bldg., INJURY OCCUR	? INJURY OCCUR?		
OR CONTRIB DEATH (notif	y medicol exominer)	(Hour) 21 E. IN	NJURY OCCURRED	21F. HOW DID	?		
OR CONTRIB	y medicol exominer)	(Hour) 21 E. IN	NJURY OCCURRED	21F. HOW DID	?		
OR CONTRIB DEATH (notify) 21 D. TIME OF INJURY (APPROX.)	y medicol exominer)	(Hour) 21 E, IN While Work	At Not While At Work	21F. HOW DID	?	19 LS	
OR CONTRIB DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify	y medicol exominer) (Month) (Doy) (Year)	(Hour) 21E, IN While Work	At Not While At Work	21F. HOW DID	PINJURY OCCUR?	u 18 1965	
OR CONTRIB DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we	y medical examiner)  (Month) (Day) (Year)  y that (1) (this haspital) ) lost sow the decease	(Hour) 21E. IN While Work  1) ottended the	At Not While At Work	21F. HOW DID	INJURY OCCUR?	u 18 1965	
OR CONTRIB DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we	y medical examiner)  (Month) (Day) (Year)  y that (1) (this haspital) ) lost sow the decease and from the causes sto	(Hour) 21E. IN While Work  1) ottended the	At Not While At Work	21F. HOW DID	INJURY OCCUR?	1965 nion deoth occurred on the d	
OR CONTRIB DEATH (notified of INJURY) (APPROX.)  22. I certify that (I) (we and hour on	y medical examiner)  (Month) (Day) (Year)  y that (1) (this haspital) ) lost sow the decease and from the causes sto	(Hour) 21E. IN While Work  1) ottended the	At Not While At Work At Work  Accessed from  Jane 16  We) (did) (did not)	21F. HOW DID  1960 one	? INJURY OCCUR?  1965 to January I that in (my) (out) opin	u 18 1965	
OR CONTRIB DEATH (notify 10-TIME OF INJURY (APPROX.)  22. I certify that (I) (we and hour on 23A. SIGNATI	y medical examiner)  (Month) (Day) (Year)  y that (I) (this hospito) ) lost sow the decease and from the causes sto	(Hour) 21E. IN While Work  1) ottended the	NJURY OCCURRED  At   Not While At Work   Not	21F. HOW DID  21F. HOW DID  19 ond riew the body ofter deo  ending Med. Director	INJURY OCCUR?	1965 nion deoth occurred on the d	
OR CONTRIB DEATH (notified of INJURY) (APPROX.)  22. I certify that (I) (we and hour on	y medical examiner)  (Month) (Day) (Year)  y that (I) (this hospital) lost sow the decease of from the couses sto	(Hour) 21E. IN While Work  1) ottended the	NJURY OCCURRED  At   Not While At Work   Not	21F. HOW DID  19 ond riew the body ofter deo	? INJURY OCCUR?  1963 to go to the the total state of the	1965 nion deoth occurred on the d	
DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we and hour on 23A. SIGNATI	y medical examiner)  (Month) (Day) (Year)  y that (I) (this hospital) lost sow the decease of from the couses sto  URE  AN'S Type)	(Hour) 21 E. IN While Work  I) ottended the ed clive on	NJURY OCCURRED  At   Not While At Work   Not	21F. HOW DID  21F. HOW DID  19 ond riew the body ofter deo  ending Med. Director	? INJURY OCCUR?  1963 to go to the the total state of the	1965 nion deoth occurred on the d	
OR CONTRIB DEATH (notified of the control of the co	y medical examiner)  (Month) (Day) (Year)  y that (I) (this hospital) ) lost sow the decease of from the couses sto  URE  AN'S Type)  W. H. WO  EMATION, 1248, DATE	(Hour) 21 E. IN While Work  I) ottended the ed olive on	At Not While At Work  Accessed from	21F. HOW DID  21F. HOW DID  19 0 one  riew the body ofter deo  ending Director C  23D. ADDRESS  1403 Pari	? INJURY OCCUR?  1963 to go to the the total state of the	1965 nion deoth occurred on the d	
OR CONTRIB DEATH (notified of INJURY (APPROX.)  22. I certify that (I) (we and hour on 23A. SIGNATI  23C.PHYSICIA NAME (1)	y medical examiner)  (Month) (Day) (Year)  y that (I) (this hospital) ) lost sow the decease of from the couses sto  URE  AN'S Type)  W. H. WO  EMATION, 1248, DATE	(Hour) 21 E. IN While Work  I) ottended the ed olive on	At Not While At Work  Accessed from Me) (did) (did not) we)  Me) Attended A	21F. HOW DID  21F. HOW DID  19 0 one  riew the body ofter deo  ending Director C  23D. ADDRESS  1403 Pari	? INJURY OCCUR?  1963 to go to the the total state of the	1965 nion deoth occurred on the d	
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DEATH (notified by the property of the propert	y medical examiner)  (Month) (Day) (Year)  y that (I) (this hospital) ) lost sow the decease and from the couses sto  URE  AN'S Type)  W. H. WO  EMATION, 248. DATE (Specify)	(Hour) 21 E. IN While Work  I) ottended the ed olive on	At Not While At Work  Accessed from Me) (did) (did not) we)  Me) Attended A	21F. HOW DID  21F. HOW DID  19 0 one  riew the body ofter deo  ending Director C  23D. ADDRESS  1403 Pari	? INJURY OCCUR?  1963 to go to the the total state of the	1965 nion deoth occurred on the d	
OR CONTRIB DEATH (notified by the control of the co	y medical examiner)  (Month) (Day) (Year)  y that (I) (this hospital) ) lost sow the decease and from the couses sto  URE  AN'S Type)  W. H. WO  EMATION, 248. DATE (Specify)	(Hour) 21E, IN While Work  I) ottended the ed olive on	At Not While At Work  Accessed from Me) (did) (did not) we)  Me) Attended A	21F. HOW DID  21F. HOW DID  19 0 one  riew the body ofter deo  ending Director C  23D. ADDRESS  1403 Pari	? INJURY OCCUR?  1963 to go to the the total state of the	1965 nion deoth occurred on the d	



	BALTIMORE CIT	Y HEALTH DEPARTMENT		CE Origin
BIRTH NO. 65 0739	CERTIFICA	ATE OF DEATH	Registered Na	65 0739
(Type or Print) Christing	r Becker	Jane	1000 1	1965 1120 am
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	re deceosed fived. If ins	titution: residence befare admission)
FULL NAME OF (If not in hospital ar institut HOSPITAL OR oddress or location)	ion, give street	C. CITY OR TOWN THE OUT	side city limits, write R	URAL and give township)
INSTITUTION	11 11 1	Baltin	norco	Zone/3
Union Memorial	Nospital	D. STREET ADDRESS (III)	rual, give facation)	avenue
E MIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during mast of working life, even if retired)	D OF BUSINESS OR INDUSTR		gn country)	12. CITIZEN OF WHAT COUNTRY?
housewell		Scotland		U.S.A
13. FATHERS NAME	,	14. MOTHER'S MAIDEN NA	ME	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give war or dotes of serv	SECURITY NO.		3	
18. 44 00 / 1	CAUSE	OF DEATH	250/127-	1 INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH (This does not mean the made al dying,	e.g. DUF TO	YOCARPIAL	INFARCTIC	<u>M.</u>
hearf failure, aslhenia, etc. If means the dise injury ar camplication which caused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, gi	ving			
rise Ia lhe abave cause (A) staling UNDERLYING CONDITION last.	The (C)	3864	0 00 H H 0 0 0 0 0 0 0 H 0 0 0 0 0 0 H H 0 0 0 0 0 H 0 0 0 0 0 0 H 0	
7				
O THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE NIC			
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimare	City, give exact lacotion)
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	3 440
(APPROX)	Whife At Wark At War	k 🗀		11
22. I certify that (1) (this hospital) attend	,		* * * * * * * * * * * * * * * * * * *	20 44 1/19/1965
that (1) (we) last saw the deceased alive			at in(my) (aur) apir	ian death accurred an the dat
and haur and fram the causes stated above	/e. (1) (We) (did) (did nat)	view the bady after death.		23B. DATE SIGNED
Chelilinudi		ttending Med. Director	Staff Phys.	1/13/6-
23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS	111/3. 4	111103
	IDRIS M.C	U, M , H		
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	IC. NAME OF CEMETERY OF C	REMATORY 24D. L	OCATION (Cit	y, tawn, or caunty) (State)
Burial 1-23-64	Baltimore	Cem. 1.	3altimor	
JAN 21 1965	ME OF REGISTRAR DELLA.A	25C. FUNERAL DIRECTOR	M'00	ADDRESS
VS 150-REV. 1/1/65		John 6.	11 celes	ynce
		1 6415 13	elatir 1401	,



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248 NAME OF REGISTRAR

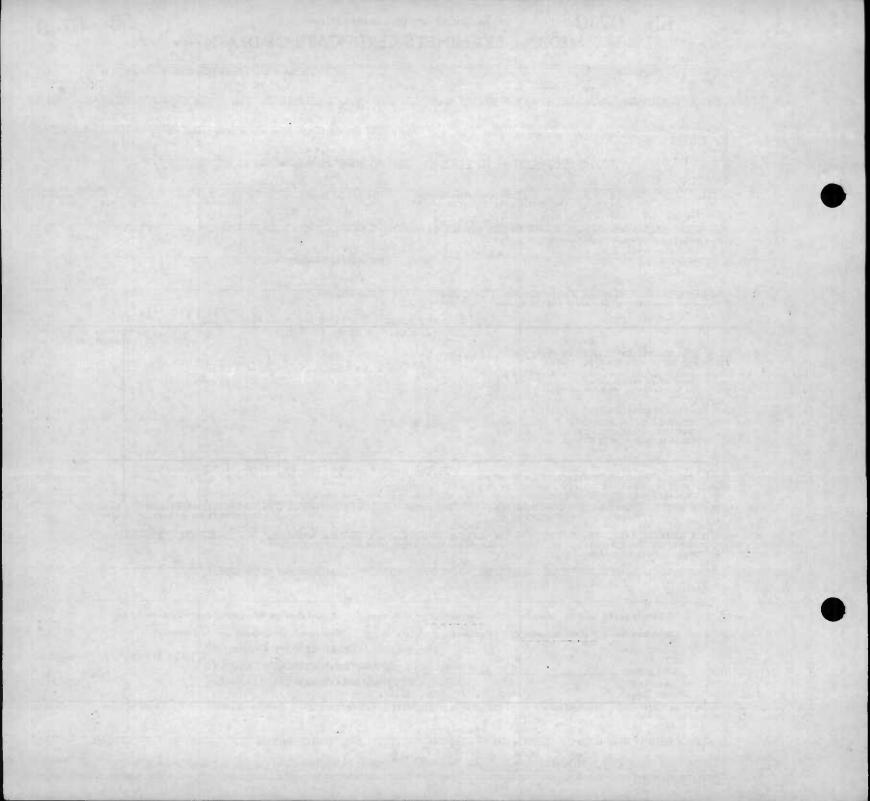
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FUNERAL DIRECTOR

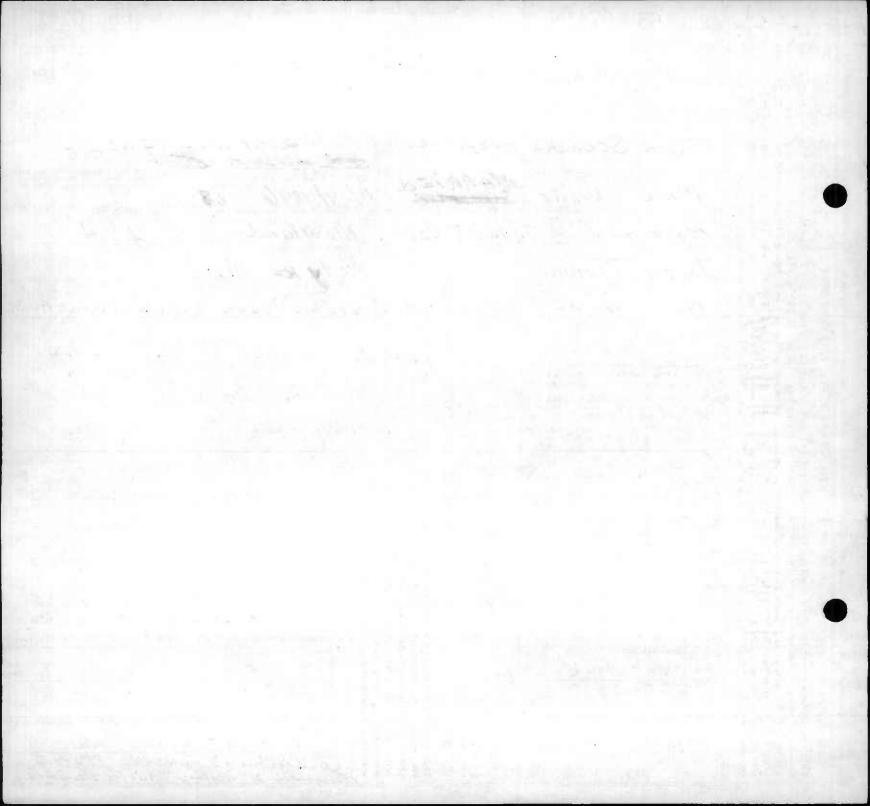
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24A. DATE REC'D BY

REMOYAL (Specify)



or original	BALTIMORE CITY	BALTIMORE CITY HEALTH DEPARTMENT 65 0741				
ыкти но. 65 0741	CERTIFICA	TE OF DEATH	Registered Na	00 0741		
M.E. CASE NO.  1, NAME OF DECEASED		2, DATE AN	D HOUR OF DEATH			
(Type or Print) DUNN, Ihu	MAS ANDA	2EW 1/19	165	9:05 DIM		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If in:	stitution: residence before odnission)		
FULL NAME OF (If not in hospital or instit	ution, give street	Md	2	1000		
HOSPITAL OR oddress or location)	orion, grid oner	C. CITY OR TOWN (If out	side city limits, write R	URAL ond give township)		
	11 + 1	Balto	1010	1-		
BON SECOURS	Hospital	D. STREET ADDRESS	lugal, girly 16 cations.	5 VIS AUE.		
		Zero de La Carta		er .		
MALE WITE	Control of the second		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
OA. USUAL OCCUPATION (Give kind of work 108, KII one during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?		
	Ausit Co.	Marylano	t	115A		
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	9-011		
Duney Thomas		1/1/1/ bo	Mari			
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	muce	ADDRESS		
es, no or unknown) (If yes, give wor or dotes of se	SECURITY NO.	+ 1 11 5		. 11.11 1		
	213-10-063		INN 213			
1B. def				ONSET AND DEATH		
DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH	Dant	my ocardial info	not left went	ricle 2 days		
(This does not mean the mode of dying,		e propo continue supo	uc, referran	active scory		
heart failure, asthenia, etc. 11 means the distinjury or complication which coused death.)	seose,	. 1 4. 11	1 1 -			
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DISEASES OR CONDITIONS, if ony,	aivina DUE TO	1 1		V		
rise to the obave couse (A) stoting		monary calen	a	day		
UNDERLYING CONDITION Iosi.		/				
OTHER SIGNIFICANT CONDITIONS CONTRI	RIFTING					
OTHER SIGNIFICANT CONDITIONS CONTRIE TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.	O THE					
19A. DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No		INDINGS CONSIDERED		
WAS PERFORMED		yes.	IN CERTIFYING CAL	JSES OF DEATH?		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or about 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact locokon)		
21D. TIME (Month) (Doy) (Year) (Hour	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
(APPROX.)	While At Not Whi	le 🦳				
22 1 1/2 1/2 1 1 1 1 1 1 1 1 1 1 1 1 1 1			- 1	2.10		
22. I certify that $\mathcal{W}$ (this hospital) attention that $\mathcal{W}$ (we) last saw the deceased alive	ded the deceased from			an . 19 19 65		
			of in (mý) (our) opir	niun death occurred an the date		
and hour and fram the causes stoted obc	ive. (1) (We) (did) (did nat)	view the bady after death.				
23A. SIGNATURE	1	andian — AA.d —	- 2.2	23B. DATE SIGNED		
Vicente R. Cara	Aya. M.D. Att	ending Med. Director	Stoff Phy s.	Jan. 19/65		
23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS				
VICENTE R. CAR	AG JR. M.D.	BON SECO	URS HOSPI	TAL		
IA. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	4C. NAME of CEMETERY OF CR	EMATORY 24D. LO	OCATION (Cit	y, town, or county) (State)		
BURIAL 1-23-65T	Loudon	PARK I	RAITINA	ee Md		
5A. DATE REC'D BY HEALTH DEPT. 25B. N.	AME OF REGISTRAR	25C FUNERAL DIRECTOR	1 2 5	PARI APPLESS		
IAN 2.1 1965 M.C	AME OF REGISTRAR DELIMINA	PARK I	of Con Men	2101 Herderika		
S 150-REV, 1/1/65	, , , , , , , , , , , , , , , , , , ,	Transco I	v. mano	C. J. Journal Con		



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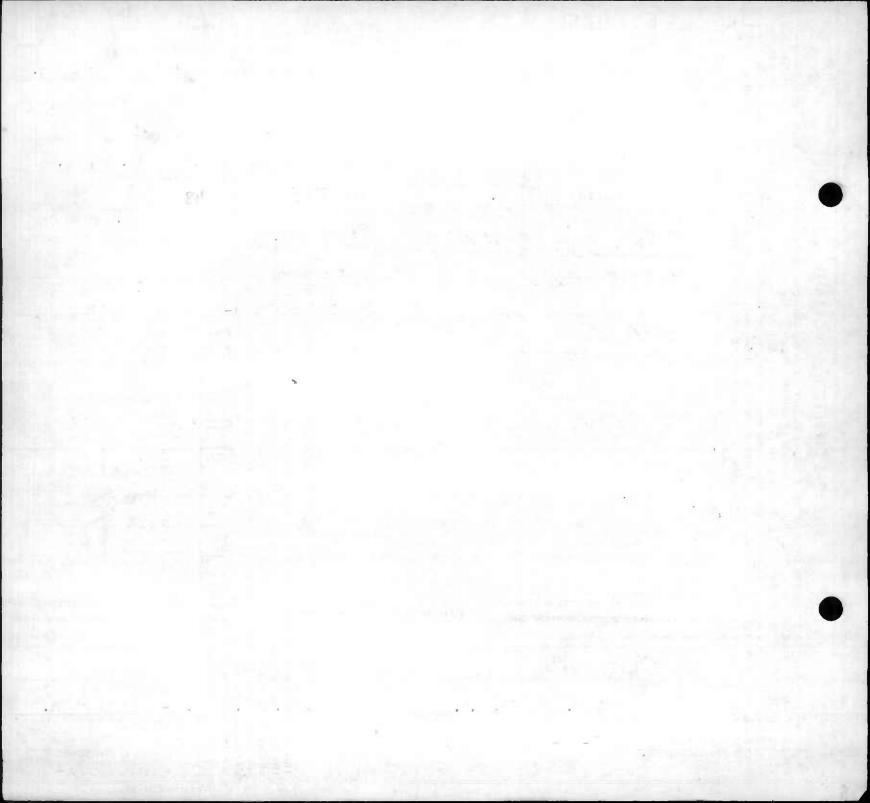
BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Charles 20 Vanuary 3. PLACE OF DEATH IN BALTIMORE, MARYLAND USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) (If outside city limits, write RURAL (If rurol, give location) is made. 7. MARRIED, NEVER MARRIED If Under 24 Hrs. Hours Min. 5. SEX 6. RACE 9. AGE (In years If Under 1 Yr. If Und Months: Doys Hours WIDOWED, DIVORCED (specify) lost birthdoy) MALE WHITE 189 3 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 2 12. CITIZEN OF WHAT COUNTRY? MTHPLACE (State or foreign country) disposition MARYLAND

14. MOTHERS MAIDEN NAME LITho 9 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. CAUSE OF DEATH 6KEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY aundice LEADING TO DEATH (This does not mean the mode al dying, e.g., heart lailure, asthenia, etc. It means the disease, injury ar camplication which coused death.) head ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, rise to the obave cause (A) stating the UNDERLYING CONDITION lost. the remains ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? A. DATE OF OPERATION WAS PERFORMED -14-65 head before aucrez's 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? Ū (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) Work At Work 22. I certify that (I) (this hospital) attended the deceased from ... 19 65 to January 65 that (I) (we) lost saw the deceased alive on.... MIRRANEL 19 ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGN AT URE 23B. DATE SIGNED Attending Med. Dijector Stoff M.D. -20-65 Phys. Phys. approva 23C. PHYSICIANS 23D. ADDRESS Weiss E. H. Weiss 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) TARKWOOD -23-65 258. NAME OF REGISTRAR

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REC'D BY HEALTH DEPT.
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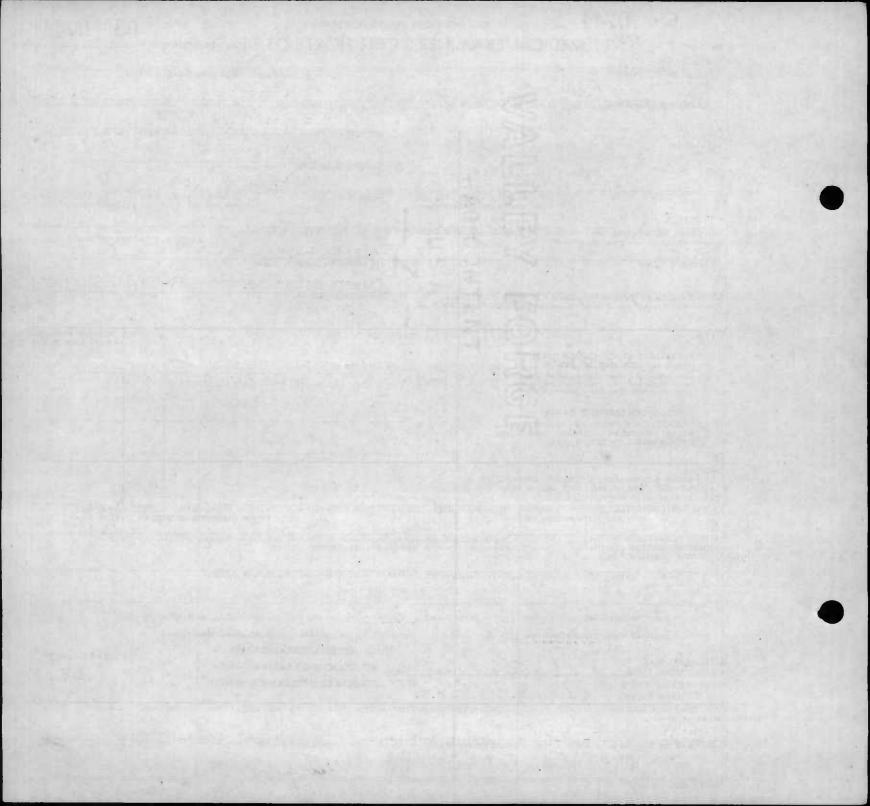
CE ORIAG	BALTIMORE CI	TY HEALTH DEPARTMENT	65 0743			
BIRTH NO. 65 0743	CERTIFIC	ATE OF DEATH Registered No				
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF DEAT	н			
John Ch		1/14/65	5:00 a. M			
3. PLACE OF DEATH IN BALTIMORE,	MÄRYLAND	4. USUAL RESIDENCE (Where deceased lived. If A. STATE B. COUNTY	institution: residence before admission)			
FULL NAME OF (If not in hospi	tol or institution, give street	Maryland	2-3-01			
	HOSPITAL OR oddress or location)		RORAL and give township)			
		Baltimore				
		D. STREET ADDRESS (If rurol, give location)				
South Baltimore Gen	eral Hospital	911 Leadenhall Street	Balto. 30, Md.			
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH (9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours: Min.			
Male Colored	WIDOWED, DIVORCED (specify)	3/27/1915	Williams Doys Hours Pvilla			
OA, USUAL OCCUPATION (Give kind of		RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF			
lone during most of working life, even if retire			WHAT COUNTRY?			
Laborer 3. FATHER'S NAME	Construction	Baltimore Md				
WIGHTS HOME		WALLEY WANTED HAME				
John Chapman		Hester Brown				
5. Was Deceased Ever in U. S. Armed Yes, no or unknown) (If yes, give wor or o	forces?  dotes of service)  1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
		Naomi Pendelton-9TT- 1				
18. 9 9 / 8	CAUSE	Naomi Pendelton-9TT- I	INTERVAL BETWEEN			
ONSET AND DEATH						
LEADING TO DEATH  (A) Circloral Vascular Academi (Strong)  (B) Circloral Vascular Academi (Strong)						
this does not meen me mode of dying, e.g.,						
	heoil foilule, osthenia, etc. Il meons the diseose,					
ANTECEDENT CAUS	SES (B)	Eupertensine arteriscient	Ai -			
	DUE TO	Aypertensmi arterusclend				
DISEASES OR CONDITIONS, lise to the above couse (	if ony, giving A) stoling the (C)	ascular diseuse				
UNDERLYING CONDITION last.						
OTHER SIGNIFICANT CONDITIONS		•				
DISEASE OR CONDITION CAUSIN	GIT. MUM	monia				
19A. DATE OF OPERATION 198. C	ONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?			
T		Yes				
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g	office bldg., INJURY OCCUR?	ore City, give exoct locotion)			
DEATH (notify medical examiner)	etc.)					
O 21 D. TIME (Month) (Doy) IYe	or) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
OF INJURY  While At Not While						
Work At Work						
22. I certify that (this hospital) attended the deceased from 12/31/61 19 to 1/11/65 19						
that (K (we) last sow the dece	osed olive on 1/11/65		pinian deoth occurred an the dot			
	stoted obove. (I) (We) (did) (did not					
23A. SIGNATURE		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	23B. DATE SIGNED			
(o) 1 . H	M.D.	Attending Med. Stoff				
23C. PHYSICIAN'S	Phys. Director Phys. LX 1/14/65					
NAME (Type)		23D. ADDRESS				
Earlie H.	Francis, M.D.	South Balto. Gen. Hosp.	- 1213 Light St.			
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF		City, town, or county) (State)			
Burial I-18-	-65 Mt Auburn Ce	metany Paltimona C	4 4-22			
25A. DATE REC'D BY HEALTH DEPT.	258 NAME OF DECISEDAD	DEC/FILMERAL DISCORD	ADDRESS			
JAN 21 196		Main VIII	ment & den-			
	- Woodn -	vellan a. ou	www issue			
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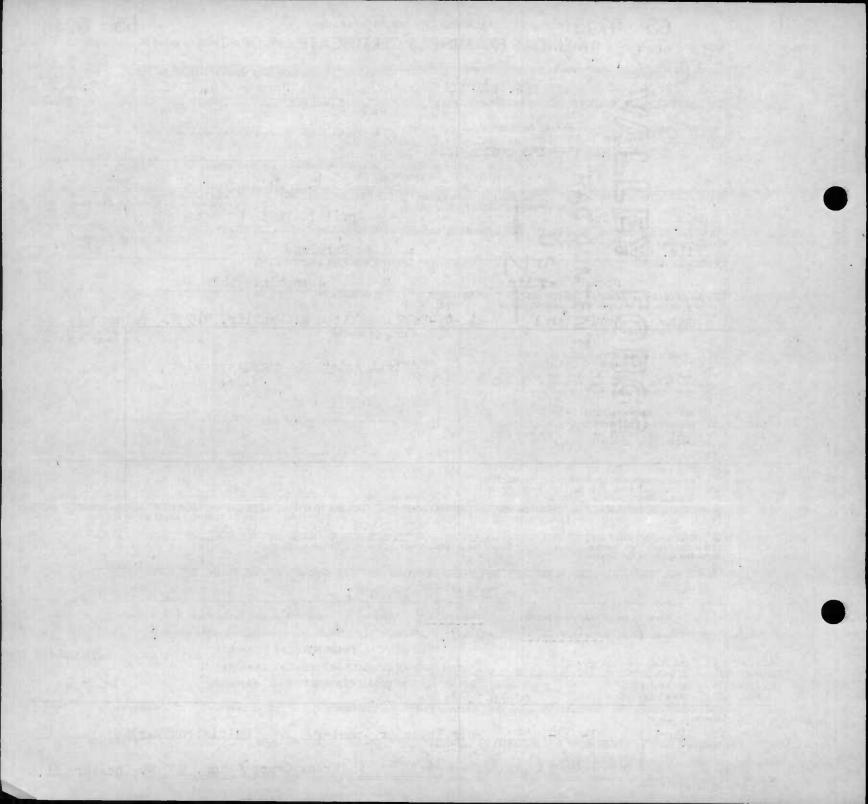
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	65	074	1	BALTIMORE CITY HEAL	TH DEPARTME	NT		6.	5 0745
DID.	TH NO.			XAMINER'S C	EDTIFICA	TE OF D	FATH Registe	red No.	0 0/40
-	CASE NO.	59357	NEDICAL LA	AAMIIAEK 5 CI					- All Second
1. 1	NAME OF DEC	EASED				2. DATE AND	HOUR PRONOUNC	ED DEAD	
(Ту	oe or Print)		FRANK J. H	HANDLIR		Janua	ry 18, 196.	5	11:23 P
3. P	LACE IN BALT	MORE MARYLA	ND, WHERE PRONO	UNCED DEAD	4. USUAL RESI		eceased lived. If inst B. COU	itution: resid	dence before admission
	L NAME OF		HOSPITAL OR INSTIT	UTION, GIVE STREET			carparate limits, write	RURAL or	nd give township)
INS	TITUTION	JOHNS	HOPKINS HOS	SPITAL	Balti	more		1-	01
5. S	EV	6. RACE	17 AAADDIED	, NEVER MARRIED	B. DATE OF BIR	N. Belnor	9. AGE (In years	If Under	1 Yr. If Under 24 H
	Male	White	WIDO WED,	DIVORCED (specify)	April	10,1895	last birthdays		Days Hours Min
IOA	USUAL OCCL	PATION (Give kin	d of work 108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign	country)	12. CITIZI	EN OF T COUNTRY?
	File. C		rettred)			land			
		Josep	h Handlir			Josephine	7.p.k		
		D EVER IN U.S.	ARMED FORCES?	16. SO CIAL	17. INFORMANT		COLL	ADDRESS	
(Yes			ar dates of service)	SECURITY NO.	7 -44	M 17. m 2	14- 01 F N	n-1	mand Am
_	yes	world	War 1	212-09-8077	OF DEATH	M. nand.	lir, 915 N.	, per	nord Av
NO	heart failure, injury ar car  DISEASES RISE TO TH	asthenia, etc. Inplication which  NTECENDENT OR CONDITION	S, IF ANY, GIVING	(B)(C)		di	sease		
ST		II						35.77	
ERTIFICATION	TO THE		DITIONS CONTRIBUTION TO RELATED TO AUSING IT.			•••••			
CER	19A. DATE OF		PB. CONDITION FOR AS PERFORMED	WHICH OPERATION	20A. AUTOP	11	OB. IF YES, WERE FI		
0	UNDERLYING	OR CONTRIB- SE OF DEATH.	21 B. ham etc.)	PLACE OF INJURY (e.g., e, farm, factory, street,	in ar about 21C. office bldg., INJU	WHERE DID (H	in Baltimare City, gi	ve exact la	ication)
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (Day		21E. INJURY OCCURRED  WHILE AT NOT NOT WORK	WHILE	NOW DID WOH	RY OCCUR?		
	22.	rify that I held			ropsy o	nd that on this	bosis, deoth In r	ny opinio	n
	resul	ted from: Note	urol couses X	Accident Suicld			ndetermined monn	er	
	ACTUAL		1 3 K	elum un		MEDICAL EXA			DATE SIGNED
	SIGNAT EXAMIN NAME (	ER'S	7.1		ASSOCIATE	MEDICAL EX			1-19-65
				n E. Adams, M.					

Baltimore, Marind

Frank Cvach & Son, 900 N. Chester St.



24AC BURIAL ; CREMATION,

VS 150-REV. 1/1/65

25A. DATE REC'D BY HEALTH DEPT.

			BALTIMORE CITY	HEALTH DEPARTMENT		65 0746	
	TH NO. 65	0746	CERTIFICA	TE OF DEATH	Registered No.	65 0746	
1. N	AME OF DECEAS	terine caro	LINE BAKER		NO HOUR OF DEATH	1965 1100 1	D M.
3. F	PLACE OF DEATH	IN BALTIMORE, MARYLAN	ID	4. USUAL RESIDENCE (Wh.	ere deceased lived. If in	1965   100 4	issian)
1	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital ar ins oddress or location)	titutian, give street	C. CITY OR TOWN (IF O		27-37 RURAL and give tawnship	
6	Anjon 1	Memorial !	Vospital	D. STREET ADDRESS	rural, give location)	2000/4	
5. S	EX 6. 1	RACE 7. M	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under Tyr. If Under 2 Manths Days Hours A	4 Hrs. Ain.
163	-	TOM (Circ Had of week 100)	INTERONES OF INDUSTRY	6-14-89	1 73	12. CITIZEN OF	
		king lile, even if retired)	CIND OF BOSINESS OF INDOSIKE	11. BIRTHPLACE (State or far	eign country)	WHAT COUNTRY?	
		rwife		BALT INVERE	Md	21517-	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME		
	George	RENNER		A WNE	WANKMI	LLER	
15.	Wes Deceeded Eve	er in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT BARE T	DENT TIADDIE	ADDRESS	
116.	A /~	yes, give wor or odies or	SECURITY NO.	DAUGHT	loss of entire	7151 FAIRMON	BU
	18.	XI	CAUSE O		-CE	INTERVAL BETWEEN	
		OR CONDITION DIRECTL	Y		. 1		
		ADING TO DEATH	(A) CELL	beal vareula	casidon	2 2 weeks	)
		mean the made of dyin henia, etc. II means the	g, e.g., DUL 10-	and andial Infa			
	injury or camplic	cation which caused deat	1.)	and la la	and the same	W 0 / E / 1   3	
	AN'	TECEDENT CAUSES	DUE TO	carolles inja	COECUN		
		CONDITIONS, if any,					
		abave cause (A) stati CONDITION last.	ng the (C)				
		11					
ATION	TO THE DEA	ANT CONDITIONS CONTI TH BUT NOT RELATED NOTION CAUSING IT.					
ERTIFIC	19A. DATE OF OF	PERATION 198. CONDITIO	N FOR WHICH OPERATION ED	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
CALC	21 A. ACCIDENT OR CONTRIBUTION DEATH (natify me		21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, of etc.)	n or about 21 C. WHERE DID iffice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exact location)	
MEDI		Aanth) (Doy) (Year) (Ho	ur) 21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
2	(APPROX.)		While At Wark At Work				
		ot (1) (this hospital) ott	ended the deceosed from	AN 4	19 65 to J	AN 20 19 9	5.

	ANTECEDENT CAUSES	(B) Muco	rideal Infac	oleun	
	DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating UNDERLYING CONDITION last.	ving		***************************************	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.)	IN CERTIFYING CAUSES	
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	218 PLACE OF INJURY (e.g., in or hame, farm, factory, street, office etc.)	about 21 C. WHERE DID bldg., INJURY OCCUR?	(If in Boltimore Cit	y, give exact location)
MEDI	21 D. TIME (Manth) (Day) (Year) (Hour) OF INJURY (APPROX.)	While At Not While At Work	21F. HOW DID INJU	JRY OCCUR?	
	22. I certify that (I) (this hospital) attend that (I) (we) last sow the deceased olive and hour and from the couses stated above	on JAW 20	19.65 ond the	9 65 to JAN of in (my) (com) opinion	death occurred on the dat
	23A. SIGNATURE  Bellow Orine Degree. 23C. Physician Degree. NAME (1799)	Malland. Attending Phys. 23D.	9 Med. Director ADDRESS	Stoll 5	a cu 20, 1965
24/	ECLEN ANN D. MILLAN SEURIAL; CREMATION, 1248, DATE 124	C. NAME of CEMETERY OF CREMA	non Momorest	Hespiel B.	calta. Mal

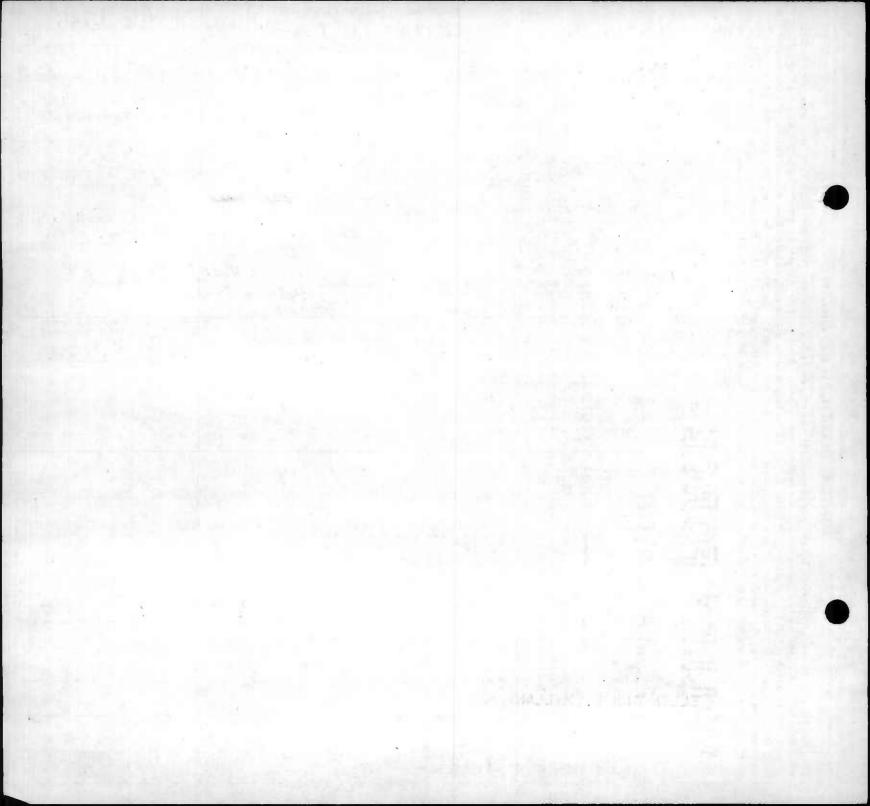
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25B. NAME OF REGISTRAR DEUM.A.

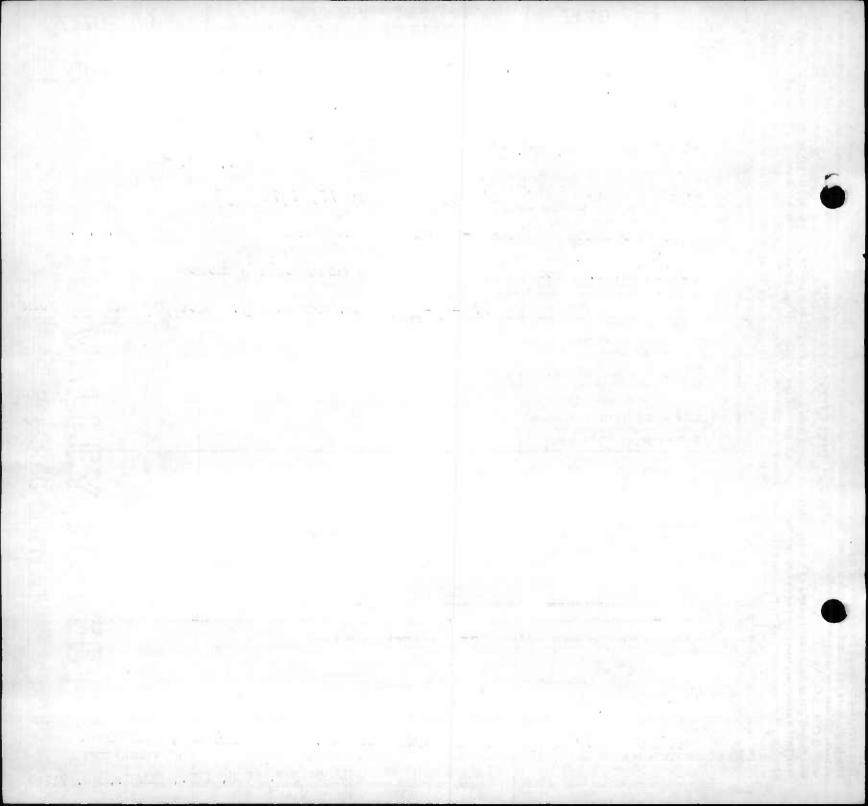
25C. FUNERAL DIRECTOR

(City, town, or county)

ADDRESS

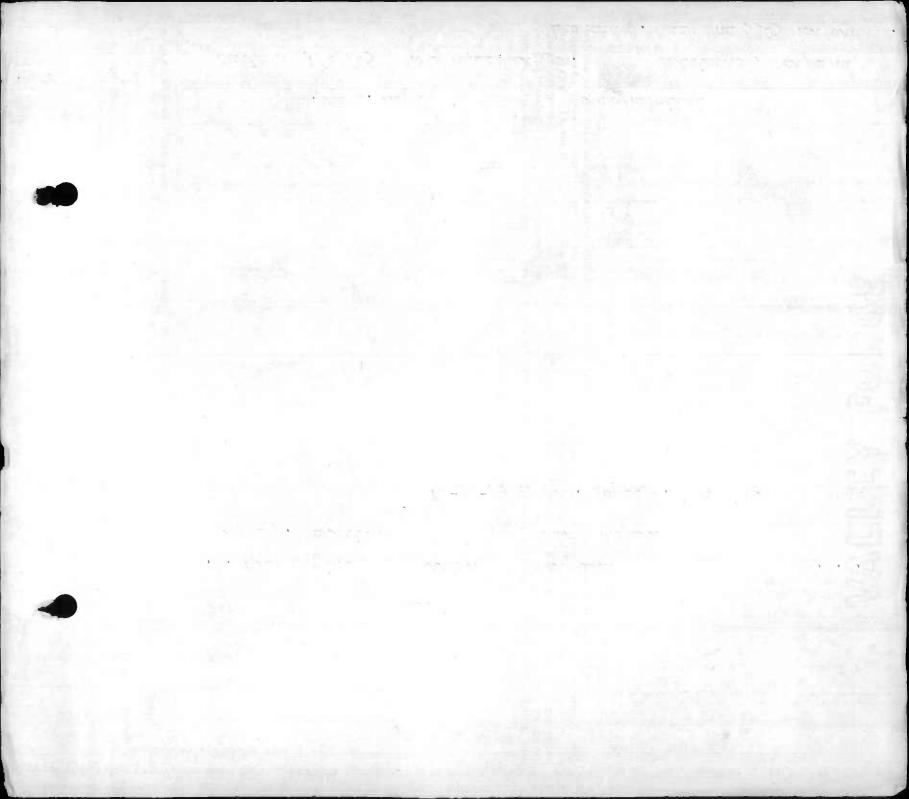


65 0747	BALTIMORE CIT	Y HEALTH DEPARTMENT		CF OR AN
BIRTH NO. 65 0747	CERTIFICA	TE OF DEATH	Registered Na	65 0747
M.E. CASE NO.	03/(11110)		HOUR OF DEATH	
(Type or Print)	CATIO			1 10 20 5
EDITH H	• SAUR		20, 1965	itution: residence before odmission)
S. FLACE OF BEATH IN BALLIMORS MARILAND		A. STATE B. CDUNTY	sceased lived, if inst	Tiorion: residence before oamssion/
FULL NAME DF (If not in hospital or institu	ution, give street	MD.		2/-//
HDSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outside	city limits, write RU	JRAL and give township)
		BALTO.		
426 WINSTON AVENUE, APT.	3		, give location)	
		426 WINSTON AV	E., APT. 3	
5. SEX 6. RACE 7. MAI	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 9. A	GE (In years birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Female White	sinole.	Nov 11, 1912	52	
OA. USUAL OCCUPATION (Give kind of work 10B. KIN	ID OF BUSINESS OR INDUSTR		country)	12. CITIZEN OF
done during most of working life, even if retired)	ter - Bowen	Maruland		WHAT COUNTRY?
Legal Secretary Win	Let - Dowert	14. MOTHER'S MAIDEN NAME	1 1 175	0.00010
			ΛΛ	
Christian L. Saur		Rosemarie 1	Haurer	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown)(Iff yes, give wor or dates of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Too, or within with the year, give wor or doles of ser	212 02 2727	Mr Loonand C	Saun Ol	04 Shelley Road
18. 41 20 1	4/3-03-3/3/	OF DEATH	· Jawe /c	INTERVAL BETWEEN
7001	CAOJE	DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ac	ute myocandial	infondti	70
(This does not mean the mode of dying,	e.g., DUE TD	ute myocardial	THIATCOL	24 10 111
heart failure, asthenio, etc. It means the dis injury or camplication which coused death.)				
ANTECEDENT CAUSES	18) Ну	pertension card	iovascula	er 11 vrs.
	DUE TD		disease	
DISEASES OR CONDITIONS, if ony, grise to the obove cause (A) stating			C.E.O.	C-10
UNDERLYING CONDITION last.	107			
11				
DTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
O THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	D THE			
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 2	OR IF YES, WERE FILE	NDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED			CERTIFIING CAU	SES OF DEATH!
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
✓ DEATH (notify medical examined)	etc.)	omice bidg., INJORI OCCOR:		
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY	OCCUP	
OF INJURY	While At Not Wh			
(APPROX)	Work At Work			
22. I certify that (I) (this hospital) atten	ded the deceased from	eb. 14 19	64 to Jan	1. 20 19.65
that (1) (we) last saw the deceased alive	on Jan. 15,	19 65 and that I	n(my) <del>(our</del> ) apinl	
and hour and from the causes stated abo				
23A, SIGNATURE	1	5527 5 255	- F	23B. DATE SIGNED
700 19	1 M.D. At	tending Med. Storys. Director Phy		Jan. 21, 1965
OSC BHYCICIANS	Hayley Ph		s, 🔲	- Care 270)
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
Lloyd L. Saylor	M.D.	3902 Greenmou	nt Avenue	e
	4C. NAME of CEMETERY of CI	REMATORY 24D. LOCA		, town, or county) (State)
Buriad 1/22/65	Holly Radeer	ner Cem. Ba	ltimore,	Maryland
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
JAN 21 1965 R.C.	BE SaleuMA	TEONADD T DY	OV THE	
	an at the state of	LEUNARD J. RU	JA, INC., F	BALTO., MD. 21214
VS 150-REV. 1/1/65				



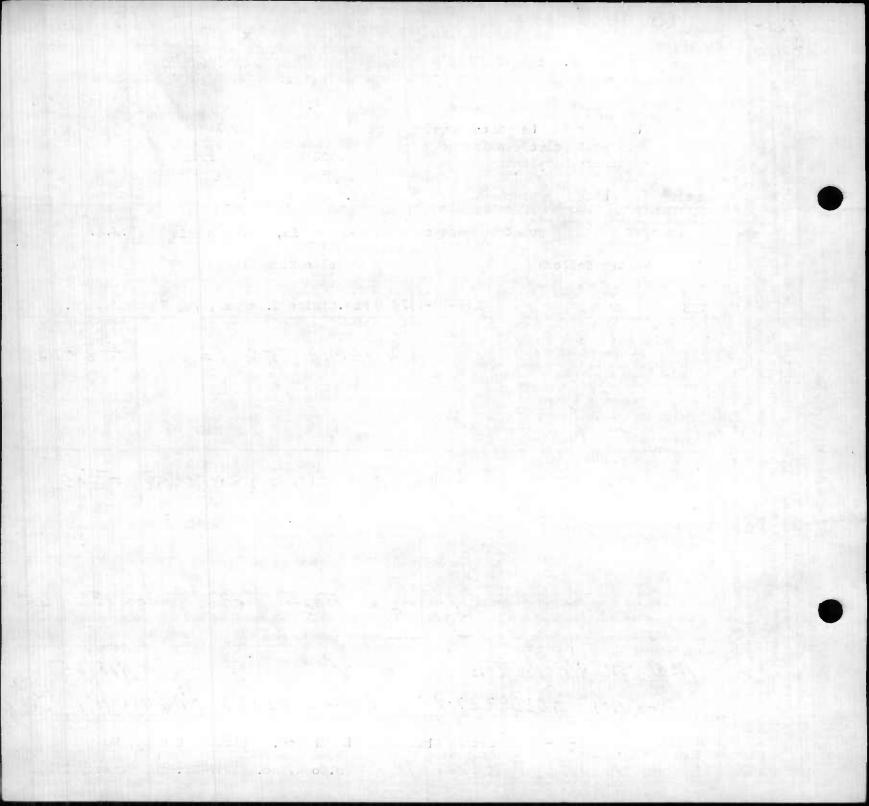
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

				BALTIMORE	E CITY H	EALTH DEPA	RTMENT			0.50	
	TH NO. 65	0748		CERTIF	ICAT	E OF D	EATH .	Register	red No	_65_	0748_
1. N (Ty	DECEAS	Ph	ilips	Schr	eil	her		10 HOUR OF	1-6	5 0	6 15 AM.
٥٠,	PLACE OF DEATH	IN BALTIMORE,	MARYLAND		1	A. STATE	8. COUN		ived. It instit	utian: residenc	e before admission)
	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospi address or loca		on, give street		Mac, CITY OR TO	you diff ou	Iside city limit	ts, write RUS	RAL and give	13 July 1
	n	7.	1-3	h' + 1		D. STREET ADI	DOESS	rural, give lac	ation)	-00	1000 9-
	Merc	7	0	puac		3	127	1 Jx	iss	- a	ve
5. 5	m 6.1	WCE	WIDO	SED, NEVER MARRIED WED, DIVORCED (speci MANUE d		12-10		9. AGE (In yolast birthday)	eors	f Under 1 Yr. Norths Doys	If Under 24 Hrs. Hours Min.
	USUAL OCCUPA e during most of work			OF BUSINESS OR IND	USTRY 11	. BIRTHPLACE	E (State or fore	ign country)		12. CITIZEN OF	
	11.S. Pos	t Office		Carrier	/	Maryla	nd			(	1.S.A.
13.	FATHER'S NAME	00		Carrie	14	. MOTHER'S	MAIDEN NA	ME			
	Jerome	J. Schre	eiber			Mary	Meyer	1			
15.	Was Deceased Eve s, na ar unknown) (If	r in U. S. Armed	Forces?	1 6. SOCIAL	17	INFORMANT	T			ADDE	RESS
(16	s, na ar onknown/(ir	yes, give wor or o	ores or servi	SECURITY NO.	11611	Mn	Jauca	M. Sal	hnoibe	ת כ	same
_	18. / 0 0	0 1		Z12-34-71	JSE OF	DEATH	Jugee !	Min Jak	Diecoe	INTERV	VAL BETWEEN
	DISEASE C	OR CONDITION	DIRECTLY		Δ		1			ONSET	AND DEATH
		ADING TO DEAT		(A) U	none	arel	Inka	- Cla	nel		IWK.
	(This does not mean the mode al dying, e.g., heart lailure, asthenia, etc. It means the disease,										
	injury or complic	ation which caus	sed death.)		A and	20	mit	2 - 1/2	1 7	6	2000
	ANI	ECEDENT CAUS	SES	DUE T	o	Del		CULARALA	J		SHOW.
	rise to the o			- /	ma	K. no	1 0	molowa		3-	Had.
	UNDERLYING C				all a leas leas health a fil	S CONTRACTOR		1-4-6-6-6-6-1			
_		11									
ATION	TO THE DEAT	ANT CONDITIONS 'H BUT NOT R NDITION CAUSIN	ELATED TO G IT.	THE				<b>-</b>			
CERTIFIC	19A. DATE OF OP		ONDITION F	OR WHICH OPERATION		20A. AUTOP	SY? (Yes o No	IN CERTIFY	NERE FIN	DINGS CONS	IDERED ?
CAL CI	21A. ACCIDENT OR CONTRIBUTION DEATH (notify me	G CAUSE OF		218. PLACE OF INJURY home, form, factory, str etc.)	(e.g., in o	e bldg., INJUR	HERE DID	(If in	Bottimore C	ity, give exac	t locotion)
MEDI	21 D. TIME (M OF INJURY (APPROX.)	onth) (Doy) (Ye	ar) (Hour)		Mhile	21 F. H	CM DID INJ	URY OCCUR	?		
			12		Work L		1	19 65 10	1	-21	19 65
				on 1-21		19 6			our) opinia	n deoth occ	curred on the dote
	ond hour ond fro	am the couses s	stated obav	e. (We) (did) the	<b>S</b> ot) vie	w the bady o	after deoth.				
	23A. SIGNATURE	, ,	0	6) 1	Amand	ina —	Mad =	Sholl and	23	8. DATE SIGN	
	( Lake	it o		Valle M.D	Phys.		Med. Director	Phys.		1-21	1-65.
	NAME (Type)	Robert	L. Do	yld	M.D. 231	D. ADDRESS Mer	cy Ho	spital			
24#	BURIAL CREMA	TION, 248. DATE	24	C. NAME OF CEMETERY	or CREM		0	OCATION		lown, or coun	. "
	Burial	1/23	165	Holy Rydee	mer	Cem.		Balti	more	, Mary	land
25A	JA	N 2 1 1965		of Registrar	4.9	Leono	and J.	Ruck.	Inc 5	305 Ha	orford Rd.
1/5	150-PEV 1/1/65						7				



	FUNERAL DIRECTOR: IMPORTANT	R: IMP	ORTAN	•	90	5.
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	chief medical examiny a medical examiny a body burns; (3) A fra the physician who lysician was in regul	er. Also, cture of al pronounce ar attend	if the dii ny kind; ed death dance on	rect or contrib (4) Undetermin was in regula	uting cause of ed cause; (5) Decret at attendance or prior to death.	death death eased n the Such

CE	0749		BALTIMORE CITY	HEALTH DEPARTMENT		OF ONIO
BIRTH NO.	0/40		CERTIFICA	TE OF DEATH	Registered No.	65 0749
M.E. CASE NO.			CERTITION			
1. NAME OF DECE (Type or Print)		ERBERT :	SELLERS		TUARY 18, 196	
3. PLACE OF DEA	TH IN BALTIMORE, MA	ARYLAND			here deceased lived. If in	stitution: residence before admissio
FULL NAME OF HOSPITAL OR INSTITUTION	oddress or locolic	on)		Maryland C. CITY OR TOWN (IF	outside city limits, write	Balt. RURAL ond give township)
T	he House In	The Pin	es Nursing Hon	ne Baltimore	21207	53-00
	525 West Bel altimore,Mar		Avenue		(If rurol, give locotion) rook Drive	
					10 10 10	
male	6. RACE white		NEVER MARRIED DIVORCED (specify)	Jan. 6, 1891	9. AGE (In years lost birthdoy) 74	If Under 1 Yr. If Under 24 Hours Min,
		k 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
one during most of w Manag	orking life, even if retired) er	Downtown	n Garage	Castle Fin,		U.S.A.
3. FATHER'S NAM				14. MOTHER'S MAIDEN N	AME	
	alter Seller			Belle Stan	diford	
S. Was Deceased	Ever in U. S. Armed Fo (If yes, give wor or dot	es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
YES	WW I		216-10-1878	Mrs.Claire S.	Kemper, 6705	Townbrook Dr.,2120
1B. 09	6,91		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDITION DI LEADING TO DEATH		- V	IREMIA F	POUTE	4 DAYS
	al mean the made a astherio, etc. II meon:		DUE TO	(		
injury or com	olication which couse	d death.)				
	NTECEDENT CAUSE		DUE TO	ருத்திகளைக்கை கொள்ள கண்ண கண்ண இழுந்து என்ன வரு இதுக்கார் வரு இது நடிக்கு கு	*********************************	
rise to the	R CONDITIONS, if abave couse (A) CONDITION last.		(C)			
E TO THE DE	PCANT CONDITIONS  ATH BUT NOT REL	ATED TO TH	G HYPERTEN	SIVE ARTERIO	SCLEROTIC C.	VD 5 YRS
19A. DATE OF	OPERATION 198. COL		WHICH OPERATION	20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED
OR CONTRIBUTED DEATH (notify	T WAS UNDERLYING [ TING CAUSE OF medical examiner)	21B horr etc.	e, form, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exoct locotion)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
OF INJURY		Wh	ile At Not While	le 🖂		
22	shaa (1) (ahin banisa			F-411.	1963 to	JAN. 18, 1965
1	that (I) (this hospita lost saw the deceos		1 . 1 . 177	19 6.5 ond		nion death occurred on the de
and hour and	from the causes sto	ted obove. (	) ( <del>We)</del> (did) ( <del>did not)</del> v	view the body ofter deat		1 15 1 10
234 SIGNATUI	RE V	Oal & Po	M.D. Atte	ending Med.	Stoff	23B. DATE SIGNED
23 C. PHYSICIAN		anne	Phy		Phys.	1/18/63
NAME (TY	PVIN G	CLDST	EIN M.D.	5334-LIBE	RTY HEIG	EHTS HUE BA
AA. BURIAL CREA	AATION, 248. DATE	24C. N.	AME of CEMETERY OF CRI	EMATORY 24D.	LOCATION (C	ity, town, or county) (State)
BURIAL	1-21-			an Church Cem.	Harford Con	unty, Md
SA. DATE REC'D	AN 21 1965	POSE D	E TONKUM.	Wm . Cook , Inc		aul Street, 21202
/S 150-REV. 1/1/6	5	720 4-0		V I I I I I I I I I I I I I I I I I I I		

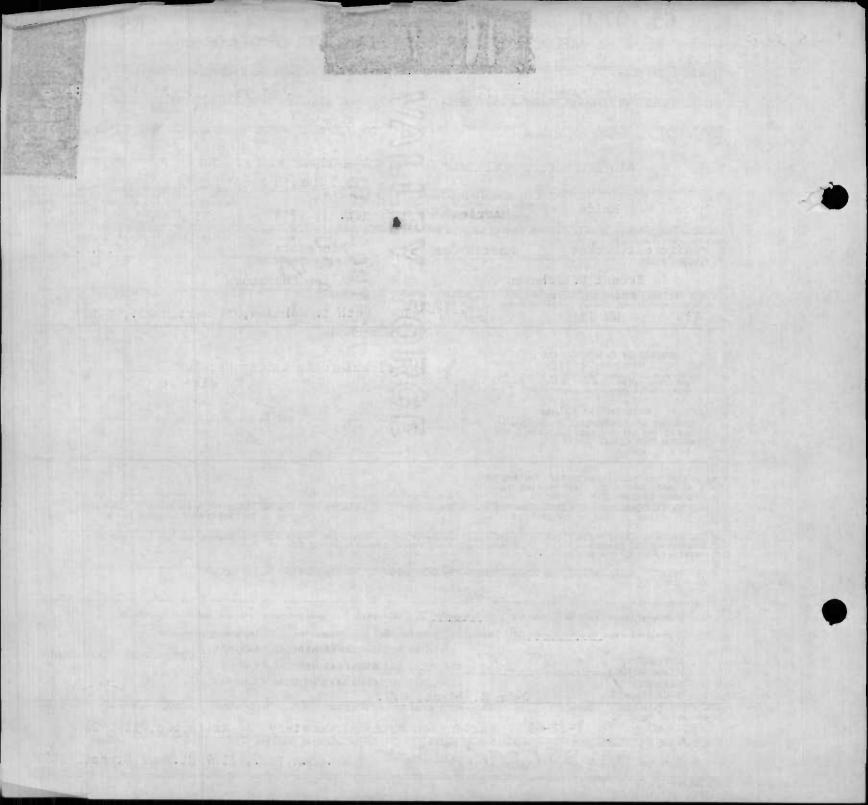


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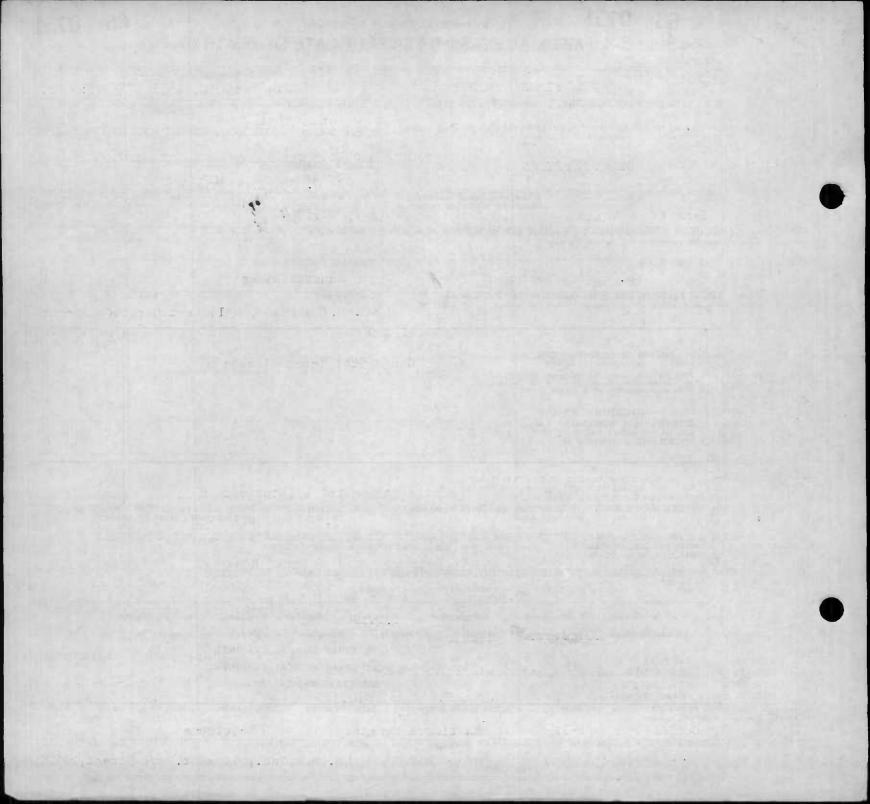
BALTIMORE CITY HEALTH DEPARTMENT

65 0750

	H NO.	59352 MEDI	CAL EX	AMINER'S CI	ERTIFICAT	E OF D	EATH Register	red No		
	NAME OF DEC	EASED	E.			2. DATE AND	HOUR PRONOUNCE	D DEAD		-
( Ty	oe or Print)	MAYNA	RD JOHNS	SON		Janua	ry 18, 1965		7:10	PM.
FUL	L NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	HERE PRONOU	NCED DEAD		ENCE (Where de	eceosed lived. If insti- B. COU	nty residen		
INS	TITUTION	BALTIMORE C		PITALS	Baltin D. STREET ADDR	nore RESS (If rurol, g	21221 ive locotion)		333	
5. S	EX Male	6.RACE White	WIDO WED T	NEVER MARRIED DIVORCEO(specify) Cried	8. DATE OF BIRTH		9. AGE (In years lost birthdoy) 51		Yr. If Under	
don	during most of w	ft Worker		BUSINESS OR INDUSTRY	Minne	esota	country)		OF COUNTRY? .S.A.	
		Ernest L. Jo	hnson		Alice	Quarst	orm			
		D EVER IN U.S. ARMED	17. INFORMANT			ADDRESS				
(Ye:	YES WW II SECURITY NO. 228-32-9436 Ruth E. Johnson, 931 Martin R						Rd.,	21221		
CERTIFICATION	(This does not heard foilure, injury or con DISEASES OR RISE TO THE UN DERLYIN	INTECANT CONDITIONS  INTECANT CONDITIONS  INTECENDENT CAUSE OR CONDITIONS, IF A  E ABOVE CAUSE (A) ST  II  INTECANT CONDITIONS DEATH BUT NOT REIR  C CONDITION CAUSING  E CONDITION CAUSING  TO CONDITION CAUSING  TO CONDITION CAUSING  TO CONDITION CAUSING  TO CONDITION CAUSING	dying e.g., the discose, deoth.)  S NY, GIVING TATING THE  CONTRIBUTIN	(B) DUE TO (C)	ioscleroti	ic cardi	ovascular disease	2		
	19A. DATE OF	OPERATION 198, CON WAS PER	DITION FOR V		No	11	OB. IF YES, WERE FIN CERTIFYING CAUS	SES OF DEA	TH?	
EDICAL	UNDERLYING	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21C. W	VHERE DID (IF	in Boltimore City, giv	ve exoct loc	otion)	
Σ	21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor	v	VHILE AT NOT AT W	WHILE	ANTHI DID MC	Y O CCUR?			
		URE The E	All	Inspection X Au  Accident Suicid  M.D  M.D	CHIEF MI ASSISTANT MI ASSOCIATE M	de Ur EDICAL EXA EDICAL EXA	MINER X	er 🗌	DATE SIGN	NED
	BURIAL CRE		-65	C. NAME of CEMETERY of Arlington Nat	crematory		CATION (City.  Arlingto		inia	tote)
24	A. DATE REC'D	JAN 21 1965	Robert Robert	of REGISTRAR TE. Farbey M.A.		ok, Inc.	, 1217 St.P		reet, 2	1202



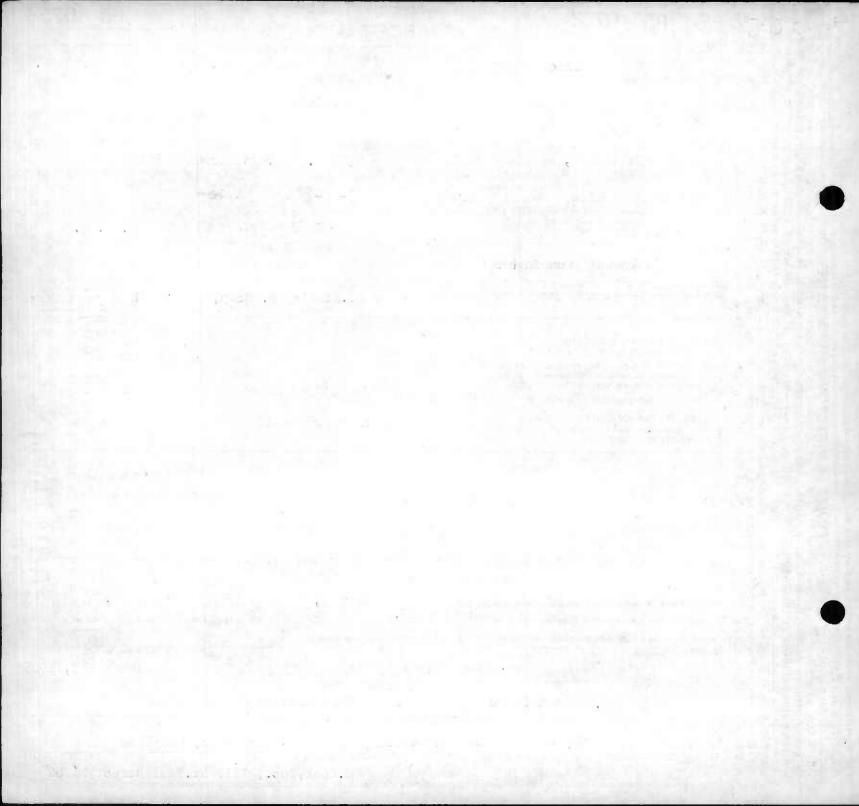
	TC//		BALTIMORE CITY HEAL	TH DEPARTMEN	IT		65	075
BIRTH NO. 64-	18707 MEDI	CAL EX	CAMINER'S CI	ERTIFICA1	TE OF D	EATH Registe	red No	
M.E. CASE NO.		Sue			11.10			
1. NAME OF D (Type or Print)		NDA/ROB	TNSON			ary 18, 196		:300P.
3. PLACE IN BA	LTIMORE MARYLAND, W			4. USUAL RESIO		eceosed lived. If inst	itution: residence bef	
				Marylar		B. COL	INTY	
HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTITE	JTION, GIVE STREET			corporate limits, write	RURAL ond give to	wnship)
NOITUTITZNI				Baltimo			4/-/	5
	SINAI HOSPI	TAL		D. STREET ADDE				
5. SEX	6. RACE	17 AA ABBIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	If Under 1 Yr, If	Under 24 I
Female	White		DIVORCED (specify)	July 12,1		lost birthdoy	Months Doys : H	
	CUPATION (Give kind of work	TOR KIND O	F RUSINESS OR INDUSTRY			country)	12. CITIZEN OF	
	of working life, even if retired)	NOW MITO O	BOSHIESS OR HIDOSIKI	li bikitte Ace t	olore of lotergi.	,,	WHAT COUN	TRY?
13. FATHER'S NA	AME			14. MOTHER'S M	AIDEN NAME			
	Wm. Edward R	obinson		Annet	tta Hink	el		
	SED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
(162) IIO OI OIIKIIOV	viniti yes, give wor or gole	or activity		Wm. E. Ro	obinson,	39 <b>1</b> 4 West	Garrison A	Avenue
18mm 17 2	27 - 3	54	CAUSE	OF DEATH				AL BETWEE
DISE	ASE OR CONDITION DI						ONSET	AND DIA
(This does	LEADING TO DEATH		(A)	genital he	art dise	ase		,
heart failu	s not meon the mode of re, osthenio, etc. It meons complication which caused	the disease, death.)	OUE TO		200			
	ANTECENDENT CAUSE	·e						
	S OR CONDITIONS, IF A	NY, GIVING	(B)OUE TO					
	THE ABOVE CAUSE (A) S' YING CONDITION LAST.	TATING THE						
Z			(C)					
OTHER SI	II GNIFICANT CONDITIONS	CONTRIBUTI	NG					
O THE	DEATH BUT NOT RE	LATED TO 1		digitali	s intoxi	cation	·	
	OF OPERATION 198, CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY	? (Yes or No) 2	OB. IF YES, WERE FI	NDINGS CONSIDER	ED
1 6				Yes		Yes Yes		<u> </u>
UNDERLYING	TAL CAUSE WAS	21 8. home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street,	office bldg., INJURY	OCCUR?	in Boltimore City, gi	ve exoct locotion)	3
=	AUSE OF DEATH.		hospital		Sinai H	ospital	2///	
OF INJURY	(Month) (Ooy) (Yeo		TE. INJURY OCCURRED	Acc	idental	ly given or	verdose of	
(APPROX.)	1 18 65	P. m.	WHILE AT NOT AT W		gitalis	• • 1		
22.	ertify that I held an I	nquiry 🗌	Inspection Au	tapsy X and	rhar be this	ic misadver	ny apinion	
res	ulted fram: Natural co	usesk]	Accident 🔀 Suicid	e Homici	de Ur	ndetermined mann	er 🗌	
	1	5/	7 17		EDICAL EXA		DATI	E SIGNED
SIGNA	TURE Solue	,6 4	elle M.D	ASSISTANT M	EDICAL EXA	MINER		
	INER'S		T-1 . T A 1 -	ASSOCIATE M	EDICAL EXA	AMINER	1-19-6	5
23A. BURIAL C	(Type)		John E. Adams		23D. LO	CATION (City	, town, or county)	(Stote)
REMOVAL (Spec	cify)	.65	Raltimore Co	metery	ъ	altimore		
	D BY HEALTH DEPT.	24B, NAME	Baltimore Ce	24C. FUNER	AL OIRECTOR	artimore	ADDRESS	
	JAN 21 1965	1 R.O.	BE. Farley M.O	Wm.Co	ok, Inc.,	1217 St.P	aul Street	,2120
VE 151 05V		4000		975	17 1			
VS 151-REV. 1/	1/00 1/0	120 123						



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased Olywas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

IS:

05 0559	BALTIMORE CITY	HEALTH DEPARTMENT		65 0752
BIRTH NO. 65 0752	CERTIFICA	TE OF DEATH	Registered No.	00 0700
M.E. CASE NO.	CERTITION		AND HOUR OF DEATH	
I.NAME OF OECEASEO Type or Print)  Effie Seaj	r		ary 17, 1965	8:00 P.
B. PLACE OF CEATH IN BALTIMORE, MARYLANO	/			nstitution: residence before admission
FULL NAME OF (If not in hospital or institution	, give street	Maryland		11-01
HOSPITAL OR oddress or locotion) INSTITUTION Baltimore City Hosp			outside city limits, write	RURAL ond give township)
4940 Eastern Avenue		O. STREET ADDRESS	(If rural, give location)	07.000
Baltimore, Maryland	1 21224	928 N. Calv	ert Street	21202
	D, NEVER MARRIED  ED, DIVORCED (specify)  Married	5-10-92	9. AGE (In years lost birthdov)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B. KINO lone during most of working life, even if refired)	OF BUSINESS OR INDUSTRY		preign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland		0. D. A.
3. FATHERS NAME		14. MOTHER'S MAIDEN N		
(unknown) Cunningham		unkno	wn	
5. Wos Deceased Ever in U. S. Armed Forces? Yas,no or unknown) (If yes, give wor or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT Mr. Stanley A RECORDS: BCH	Seay, 928 N : 4940 Easte:	ADDRESS North Calvert Stre
18. 284.21	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) Shock			1 Hour
(This does not mean the mode of dying, e.e. heart failure, asthenia, etc. It means the diseas injury or complication which coused death.)  ANTECEDENT CAUSES	g., DUE TO	ointestinal Bl	eeding	2 Days
	SES OR CONDITIONS, if any, giving lo lhe above cause (A) stating the			3 Years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  WAS PERFORMED	THE	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
2 21A. ACCIDENT WAS UNDERLYING	18 BLACE OF INITIBY (s. c. in	No		
OR CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of tc.)	fice bldg., INJURY OCCUR?	(It in Pollimon	e City, give exact location)
OF INJURY (Month) (Doy) (Year) (Hour) 2	TE, INJURY OCCURRED  While At Not While	21F. HOW DID I	NJURY OCCUR?	
- V	Voik Al Work		/ -	
22. I certify that (1) (this hospital) attended	the deceased from Ja	nuary 9,	19 65 to Jan	uary 17, 19 65
that (I) (we) lost saw the deceased alive on	January 17,	19 65 ond	that in (my) (our) opi	inion death occurred on the do
and hour and from the causes stated above.		iew the body ofter deot	h.	
23A. SIGNATURE			11 11 11 11 11 11	238. DATE SIGNED
M. Cha	M.O. Atte	mding Med. Director	Stoff Phys.	January 17, 1965
23C. PHYSICIAN'S NAME (Type) C. Robert Cook		4940 Easter	n Avenue #21	224
24A. BURIAL CREMATION, 248. DATE 24C. REMOVAL (Specify)	NAME of CEMETERY of CRE	MATORY 240.	LOCATION (C	ity, town, or county) (Stote)
	Voodlawn Cemete	ry	Woodlawn, Man	ryland
	TE Laber M.A	25C. FUNERAL DIRECT	OR	ADDRESS ul Street,21202
VS 150-REV. 1/1/65		min cook, pitc.	· ) 121/ DC.Fd	ar bereet, 21202



401 S. Chester St.

24B, NAME OF REGISIRAR

24A. DATE REC'D BY HEALTH DEPT. VS 151-REV, 1/1/65

TOTAL SERVICE .c.ich at reting . . and sock-10-112 John M. Meber & Super Sout. . de medreus . a 101

65 0755		BALTIMORE CITY	HEALTH DEPARTMENT		65 0755
BIRTH NO.		CERTIFICA	TE OF DEATH	Registered No.	00 0700
I. NAME OF DECEASED			2. DATE A	ND HOUR OF DEATH	
(Type or Print)	Joseph			9/65	1 1:00 AM
3. PLACE OF DEATH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE (Whe	ere deceased lived. If	institution: residence before admission)
			A. STATE B. COUR	YTY	
FULL NAME OF (If not in hospital HOSPITAL OR oddress or location		give street	Maryland		
INSTITUTION			C. CITY OR TOWN (If au	itside city limits, write	RURAL and give township)
Veterans Administrat	_	ital	Baltimore		28-02
3900 Loch Raven Boul			D. STREET ADDRESS (If	rural, give lacation)	
Baltimore, Maryland	21218		3005 Oakhil	1 Avenue	
6. RACE	7. MARRIED,	NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Days Haurs Min.
Male Cauvasian	Marri		12/18/XX 90	XX 74	
DA. USUAL OCCUPATION (Give kind of wor	rk 108, KIND OF	* * *	, , , , , ,		12. CITIZEN OF
one during most of working life, even if retired)					WHAT COUNTRY?
Door Man 3. FATHER'S NAME	The	ater	Kingston, New	York	U.S.A.
FATHERS NAME			14. MOTHERS MAIDEN NA	WE	
Thomas Tobin			Eliza Kerr		
5. Was Deceased Ever in U. S. Armed Fo	irces?	1 6. SOCIAL	17. INFORMANT	1 -	ADDRESS
Yes, no or unknown) (If yes, give war or do	es of service)	SECURITY NO.	VA Hospital R	ecordsJeans	le Borsella
Yes 1/1/18-1/	21/19	212 14 0366		ryland 212.	18 3005 Oakhill Ave
18. 3 0 2 0		CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DE					
LEADING TO DEATH		(A) Obst	tructive Emphyse	ma	Years
(This does not mean the mode of heart failure, astheria, etc. Il means		DUE TO Chre	nic Bronchitis		Years
injury or camplication which cause			ncho-pneumonia,	7 - 64 - 7	
ANTECEDENT CAUSE	S	(B) DUE TO	iciio-bilemioitra	Terr Tower	Tope 2 della
DISEASES OR CONDITIONS, if	any, giving			Discours	Cowanal Vanna
rise to the obove couse (A) UNDERLYING CONDITION lost.	sloling lhe	(C) APTE	eriosclerotic He	art Disease	Several Years
UNDERLING CONDITION 1851.					
Z	CONTRACTOR				
OTHER SIGNIFICANT CONDITIONS	ATED TO TH				
A DISEASE OF CONDITION CAUSING		MILEST CORP. TO CO.	1004 441=5000/9	N 00B 45 45	
	NDITION FOR \ RFORMED	WHICH OPERATION	ZUA. AUTOPSY? (Tes or N	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
			NO		
OR CONTRIBUTING CAUSE OF	hom	e, farm, factory, street, a	in ar about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
DEATH (notify medical examiner)	etc.)				
	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
OF INJURY		le At Nat Whi	le 🗂		
(APPROX)	Wor	k At Work			
22. I certify that (1) (this hospita	al) attended th	ne deceased from	October 10th	19 61 to J	anuary 19th 19 65
that My (we) last saw the deceas	ed alive an	January 19th	19 65 and th	ngt in (ply) (qur) on	inian death accurred on the day
					assum decorred on the du
and hour and fram the causes sta	ared above.	( (me) (aid) ( ip hat)	view the bady after death.		loop Barr significant
23A. SIGNATURE	(Vern	m m 4)	andina C	Staff =	23B, DATE SIGNED
DANIEL C. PERSYN.	1/	m, M.D. Att	ending Med.  Director	Stoff Phys.	1/19/65
23C. PHYSICIAN'S NAME (Type)			23 D. ADDRESS	dadaadd as T	
	7 1/ 2	M.D.			Mospital, 3900 Loch
DANTET C PERSYN	M.D.	ME of CEMETERY OF CR	Raven Boulevar	d Baltimor	e, Maryland 21218
REMOVAL (Specify)	246. NA	TALE OF CENTELEKI OF CK	24D. 1	OCATION (C	City, town, or county) (State)
Burial 1/22/		timore Nation	nal Cemetery I	Baltimore.	Maryland
Burial 1/22/	65 Balı	timore Nation	nal Cemetery I	Baltimore,	Maryland
Burial 1/22/0	65 Balı	FREGISTRAR	25C PUNERAL DIRECTO	macox	ADDRESS
	65 Balı		25C PUNERAL DIRECTO	macox	

HA CO:H . THE RESERVE AND LESS ASSESSED. 4 4 4 The same of the same of There is a few or a fitting to as the state of th gen and hard size of the property. Balanta Carlotte and Samuel and the

1 1 ( ,

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH William Boyd Dorsey January 17, 1965 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) Maryland (If outside city limits, write RURAL and give township) Bakkingere Owings Mill D. STREET ADDRESS (If rurol, give location) Garrison Forest Rd. 9. AGE (In years If Under 24 Hrs. B. DATE OF BIRTH If Under 1 Yr. Months: Doys Hours lost birthdoy) Nov.11, 1876 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Baltimore, Maryland U.S.A. 14. MOTHERS MAIDEN NAME Anne Davis 17. INFORMANT ADDRESS 213-30-8794 Mary P. Killian-2312 Poplar Drive INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? Baltimare City, give exact location) 21 F. HOW DID INJURY OCCUR?

and that in (my) (50) opinion death occurred on the date

stated above. (1) (We) (did) (did most) view the bady after death.

Director L 23D. ADDRESS

23B. DATE SIGNED

ADDRESS

Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.

ENNERAL DIRECTOR Ellsworth Armacost-4600 Liberty Hghts, Aye

VS 150-REV. 1/1/65

BIRTH NO.

(Type or Print)

M.E. CASE NO. 1. NAME OF DECEASED

Such

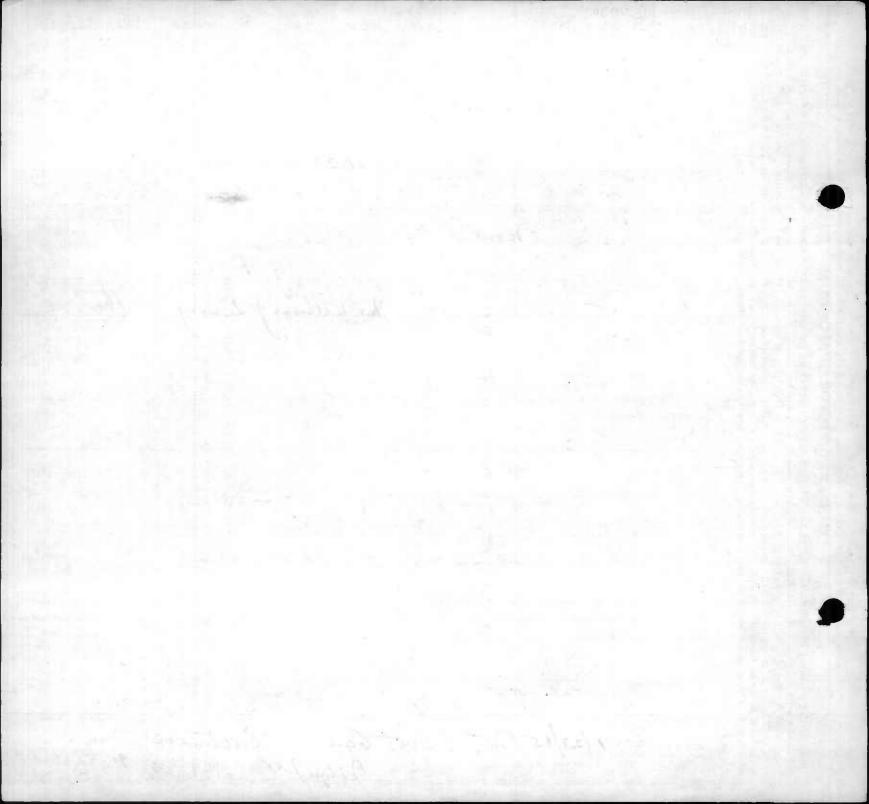
\_11111 7 1, 0 LE CF . .. TO SI tile your . . . Later to the second of the second

pital and of death Such Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 0 21165 GEORGE RESIDENCE (Where deceased lived. If institution; residence before admission) (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours i Min. Hours 12. CITIZEN OF WHAT COUNTRY? U.S. A. ADDRESS ONSET AND DEATH cralen 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (our) uplnian death occurred an the dote the body was released 23B, DATE SIGNED (Stote) eceased Was 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF VS 150-REV. 1/1/65

BIRTH NO.

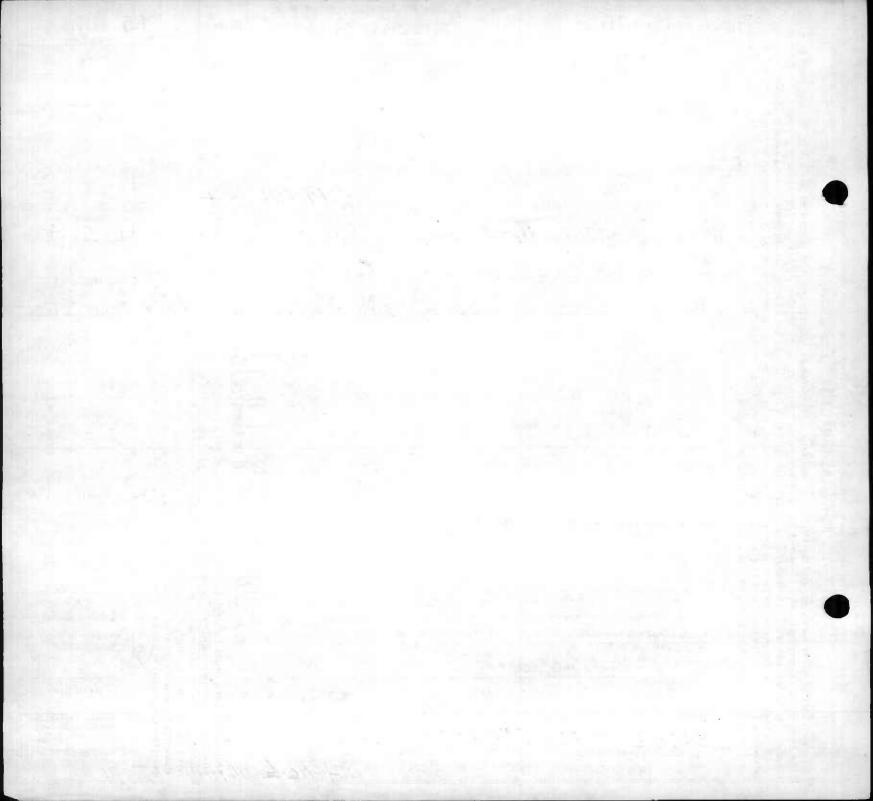
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.



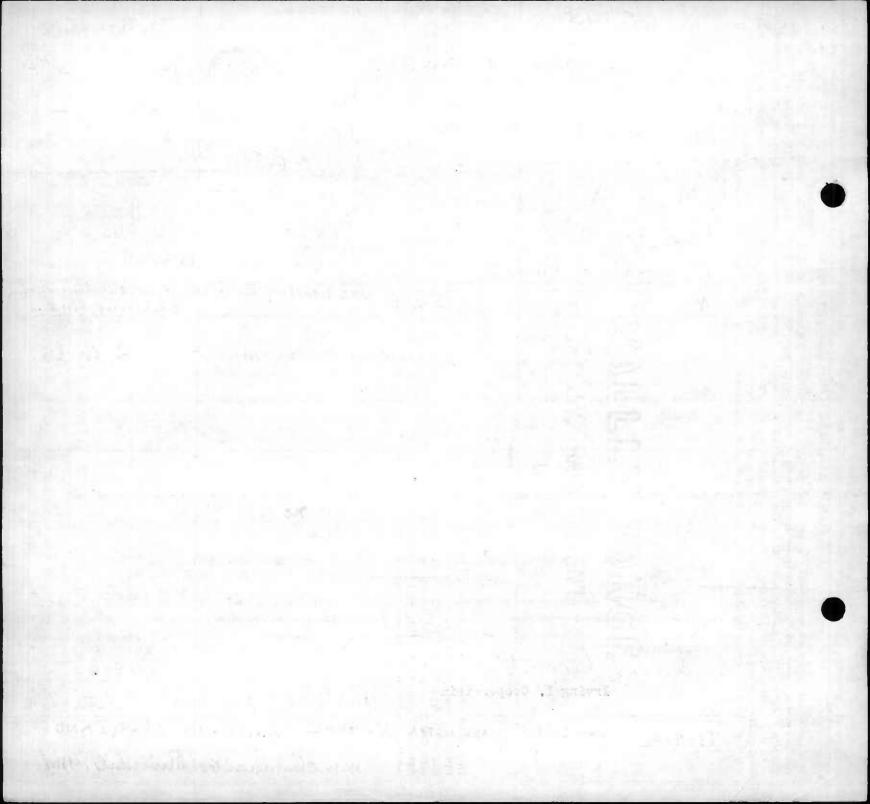
## the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

numer and	BALTIMORE CITY	HEALTH DEPARTMENT		
ыкти но. 65 0757	CERTIFICA	TE OF DEATH	Registered No.	-65 - 0757
M.E. CASE NO.  1, NAME OF DECEASED  (Type or Print)  SWELREN	GIN TOLBER	2. DATE AN	D HOUR OF DEATH	11:20 b
B. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (When	re deceased lived. If in	stitution: residence before admission
FULL NAME OF (II not in hospital or insti	tution, give street	A. STATE B. COUN  (C. CITY OR TOWN (If out		2 0 2 RURAL ond give township)
CHURCHI HOME A	NO BOSPITAL	BOLTIMORE	rurol, give locotion)	TOTAL ONG GIVE TOWNSHIP!
		1830 € PE	ATTST	
	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)  MOYPILE	July 17-1911	9. AGE (fn years lost birthday)	Il Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, Ki done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or lorei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	L. GOLSKIE	MILLBOR 14. MOTHER'S MAIDEN NAM	O VA.	U.S.A.
CHARLES SWE	ARENGIN	CORA LE	E Smit	-t- <del>/</del>
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or doles of se	orvice) 6. SOCIAL SECURITY NO.	MA	1/1/2	ADDRESS
18. 4 2011	CAUSE 0	F DEATH	SNEW 189	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) C	ardi ào ari	est	minutes
(This does not meen the mode of dying, heart failure, asthenia, etc. It means the di injury or complication which caused death.	seose.			, .
ANTECEDENT CAUSES	(B) A	cute engoca	trocal	nours
DISEASES OR CONDITIONS, if ony,	giving	cute rayoca infarotron		
rise to the obove couse (A) stoling UNDERLYING CONDITION lost,	g the (C)			M MANAGEM MATERIAL OF CHARLES OF THE WAS A CONTROL OF THE CONTROL
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? IYes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH Inotily medical examiner)	218. PLACE OF INJURY le.g., i home, lorm, foctory, street, of etc.)	fice bldg. 21 C. WHERE DID	(If in Baltimore	City, give exoct locotion)
21D. TIME   IMonth) (Doy)   IYeor) (Hou of INJURY   IAPPROX.)	While At Nort While Work At Work	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (1) (this hospital) atten			19 65 10	-20 120 19 65
that (I) (we) lost sow the deceased aliv				nion deoth occurred on the do
and hour and from the couses stated ob-	ove. (1) (We) (did) (dld not) v			
23A. SIGNATURE	0			23 B. DATE SIGNED
Jack Dillusi	M.D. Atte	ending Med. Director	Stoff Phys.	1-20-01
23C. PHYSICIANS NAME IType) JOSE S.	naisog M.D.	CKURCA	Nome to	D BOSPITAL
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or CRI	MATORY 24D. LC	OCATION (Ci	ty, town, or county)     Stote)
REMOVAL (Specily) REMOVAL (Specily) JAN 2465	REHORETH	CEM.	MILLBOK	20 VA
25A. DATE REC'D BY HEALTH DEPT.   25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	,, 30/	ADDRESS
IAN 22 1965 A D	of E. Farley M.A.	D.H-ME.	AUGHIN .	HAT CPP INITS I
VS 150-REV. 1/1/65				TO SIATIBY V



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of ony kind; (4) Undetermined cause; (5) Deceosed was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physicion was in regular attendance on the deceased prior to death. Such written approval must be obtoined before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

	- O'	58	BALTIMORE CITY	Y HEALTH DEPARTMENT		
BIRTH	NO. 100	70	CERTIFICA	TE OF DEATH	Registered Na	65 0758
	ME OF DECEASED			2 DATE AND	D HOUR OF DEATH	
(Type	or Print)	REE	E. KRAF	T JAN	1.19 190	5 2 20 AM.
3. PL	ACE OF DEATH IN BALTI	MORE, MARYLAND		A. STATE B. COUNT		stitution: residence before admission)
HC	OSPITAL OR oddress	in hospital or institut s or location)		C. CITY OR TOWN (II outs	side city limits, write l	RURAL ond give township
A	CONTEBELLO	STATE HE	SPITAL	BALTO.		
1	(SN) / Cist o			831 N. EUT	ALU ST.	
5. SE	M 6. RACE		NED, NEVER MARRIED (WED, DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	JSUAL OCCUPATION Give		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country!	12. CITIZEN OF WHAT COUNTRY?
eta .	OSE GREEN			PENNA.		U.S.
	ATHERS NAME			14. MOTHER'S MAIDEN NAM	F- A	1118
	BRMAN X	4. KRAF	7	PLAUR		
(Yes,	os Deceosed Ever in U. S. no or unknown) (If yes, give	Armed Forces? wor or dotes of servi		MRS DOROTHY E	E. GREEN	1510 Ehillum Rd
N			212-18-4696		e	hillum, and.
1	B. 4 9/X1		CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR COND LEADING TO		· Ro	ONCHO PAVEU	na AliA	2 Greeks.
	This does not mean the heart failure, asthenia, etc.		e.g., DUE 10		<u> </u>	
	njury or complication whi		030,			
	ANTECEDENT	CAUSES	DUE TO	**************************************		
	DISEASES OR CONDITION IS NOT THE PROPERTY OF T		-			
	UNDERLYING CONDITION		(0/ ************************************			
7	II.					
ATIC	OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION (	NOT RELATED TO	THE			
CERTIFIC	9A. DATE OF OPERATION	198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
1 9	DEATH (notify medical example)	SE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)		(If in Boltimore	e City, give exoct locotion)
L 144	TD. TIME (Month) (De	oy) (Yeor) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
X	APPROX.)		While At Work Not Whi			
2	2. I certify that (4) (this	s hospital) attend	ed the deceased fram	12-17 1	9 64 ta	1-19 1965.
t	hat UP (we) last saw the	e deceased alive	an 1-19	19.65 and tha	t in (my) (aur) api	nian death accurred an the date
0	nd haur and fram the co	suses stated abov	e. (t) (We) (did) (dtd not)	view the bady after death.		
2	3A. SIGNATURE	1			s. " —	23 B. DATE SIGNED
	Loring 2 -	coperate			Stoff Phys.	1-19-65
2	NAME (Type)	ring L. Coo	perstein M.D.	montebell ST	AZE HOSP.	BALZO, MO.
24A.	BURIAL CREMATION, 24B REMOVAL (Specify)	N 21, 1965	WASHINGTON A	ATIONAL SU	TLAND ICI	BALTO, MO.  WARYLAND (Stole)
25A.	DATE REC'D BY HEALTH				un Eo. R	wirdalf Md.
140 14	ONI HA	1000 11000	N -1, 1-0-1,			



Deceased

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Undetermined cause;

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(3)

burns;

Body

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nature;

any

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**BALTIMORE CITY HEALTH DEPARTMENT** Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Karol Koziol 1-18-1965 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY A. STATE Maryland FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore City Hospitals. Baltimore 4940 Eastern Avenue, D. STREET ADDRESS (If rural, give location) Baltimore, Maryland-21224 224 South Maderia Street 21231 mad 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr. Months! Doys 5. SEX 6. RACE WIDOWED, DIVORCED (specify) Male White 7-1-1891 Married 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) Russia RETIREDD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME final d 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 17. INFORMANT 6. SOCIAL SECURITY NO. Records: BCH-4940 Eastern Avenue CAUSE OF DEATH INTERVAL BETWEEN 0 13 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med Metastatic Carcinoma LEADING TO DEATH Stomach (This does not meon the mode of dying, e.g., embal hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if ony, to the obave cause (A) stating the UNDERLYING CONDITION last. remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No! before 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examined etc.) be obtained 21 D. TIME (Month) (Doy) (Yearl (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROXI At Work Work 19 .65 to 22. I certify that (I) (this hospital) attended the deceased fram 1-18-19 65 that (1) (we) lost saw the deceased alive on... ....ond that in(my) (our) apinian death accurred an the date must and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23B, DATE SIGNED 23A. SIGNATURE M.D. Attending Med. Stoff 1-18-1965 Phys. Director approval Phys. L 23D. ADDRESS 23C. PHYSICIAN'S NAME (Typel Dr. Robert Cooke 4940 Eastern Avenue, Baltimore, Maryland M.D. 24C. NAME of CEMETERY of CREMATORY

24A. BURIAL CREMATION, 24B. DATE

24D. LOCATION

(City, town, or county)

258 NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

19 65

If Under 24 Hrs.

Hours

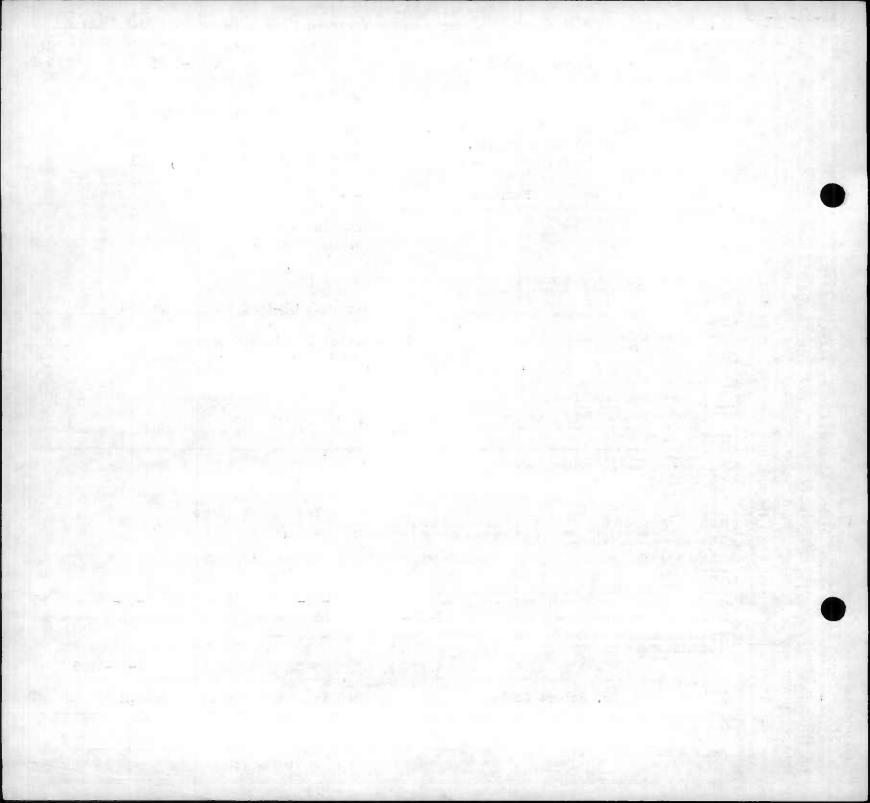
ADDRESS

VS 150-REV. 1/1/65

REMOVAL (Specify)

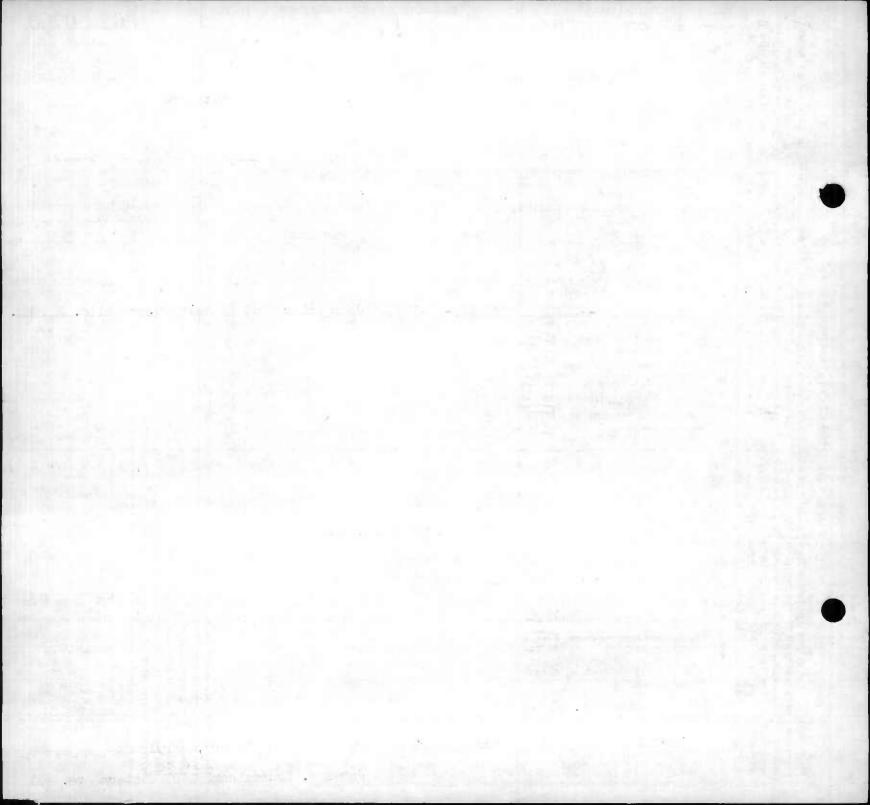
25A. DATE REC'D BY HEALTH DEPT.

DURIAL

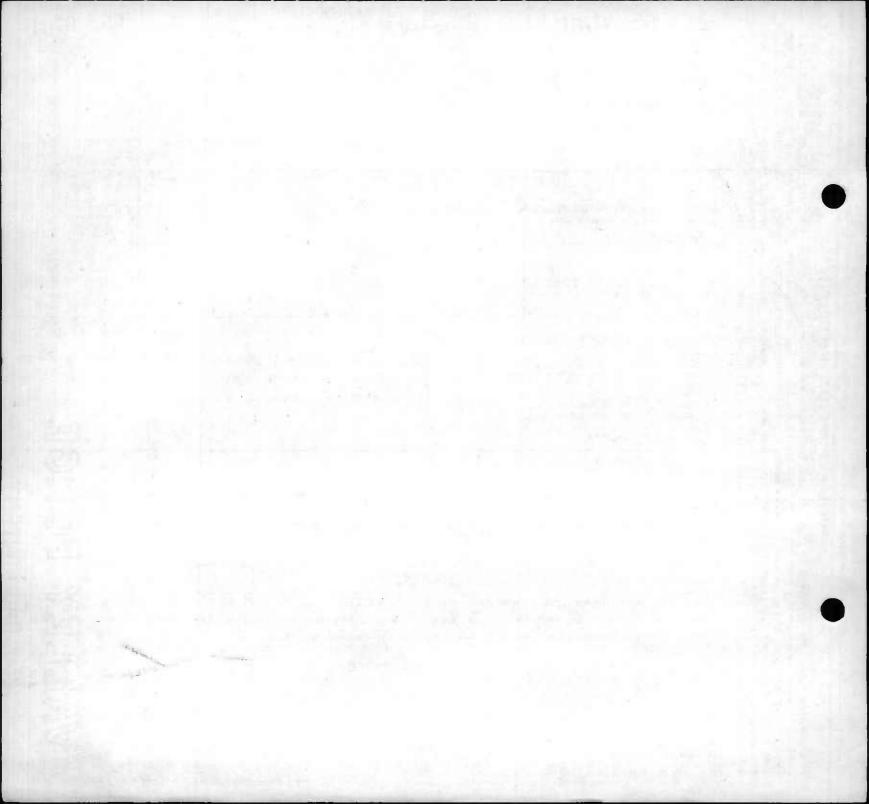


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

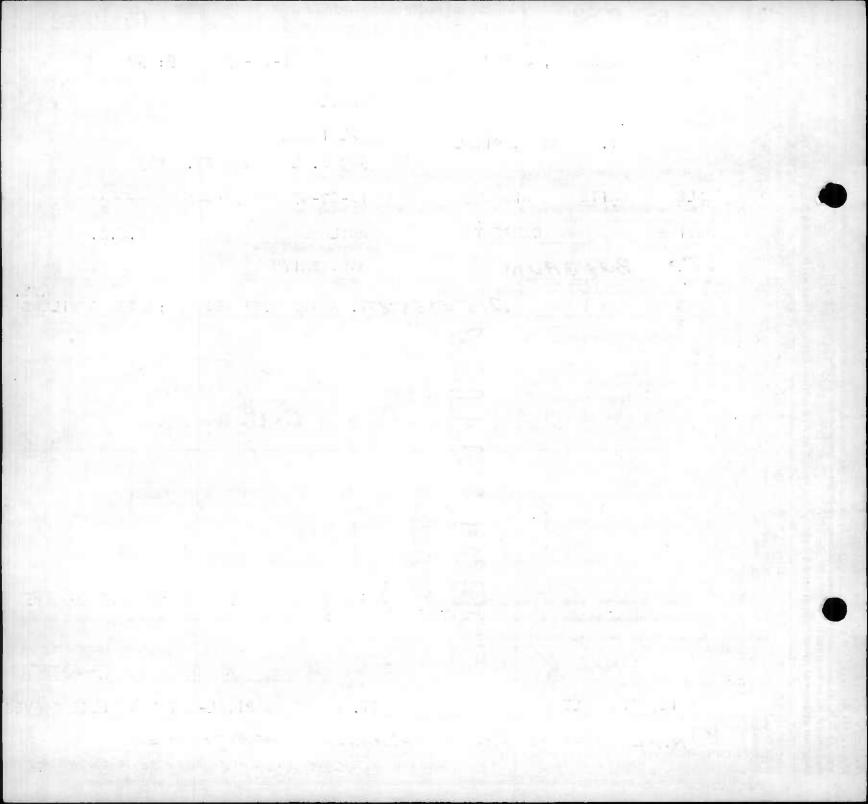
		BALTIMORE CITY	HEALTH DEPARTMENT		OF ONCO
	H NO. 65 0760	CERTIFICA	TE OF DEATH	Registered No	65 0760
1, N	ame of Deceased e or Print) Esler, mrs.	Julia		HOUR OF DEATH	9:30 A M
3. F	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT		tution: residence before admission)
F	ULL NAME OF (If not in hospital ar institut	ion, give street	md	Baltimore	
1	OSPITAL OR address or lacotion) NSTITUTION		C. CITY OR TOWN (If outs	ide city limits, write RU	RAL ond give township)
	00 00	1 , 4 0	D. STREET ADDRESS (II ru	0101	33-00
	Church Home i	Francial	1911 E	Cleurous	L Road
5. \$		RIED, NEVER MARRIED	6-10-01	AGE (In years ast birthday)	If Under 1 Yr. If Under 24 Hrs. Aanths Doys Haurs Min.
	USUAL OCCUPATION (Give kind of work 10B, KIN) during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareig	n country)	12. CITZEN OF WHAT COUNTRY?
1	Aruse wife	Home	Maryland		us.a
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
	Bernard Kru	szewski'	Lena	Wozna	UC
15. Yes	Was Deceased Ever in U. S. Armed Forces? ,no or unknawn) (If yes, give wor or dates of servi	ce) 16. SOCIAL SECURITY NO.	17. INFORMANT	0	ADDRESS
	No	215-03-1838D	John Esler 692	O Delvale P1	ace Balto, 22. Md.
	18. 174 X1	CAUSE OF			INTERVAL BETWEEN ONSET AND DEATH
	DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH	1	anama) H		
	(This does not mean the mode of dying,	e.g., DUE TO	arcoma of	elises	
	heart foilure, osthenio, etc. It means the dise injury or complication which caused death.)	ase,	104	. 0	THE RESERVE THE PARTY OF THE PA
	ANTECEDENT CAUSES	(B) DUE TO	ugs muca	urse	
	DISEASES OR CONDITIONS, if any, gi		E/		
	rise to the abave cause (A) stating UNDERLYING CONDITION last.	The (C)	**************************************	T	
	11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO				
	DISEASE OR CONDITION CAUSING IT.		100.0		
ERTIFIC	19A. DATE OF OPERATION WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	IDINGS CONSIDERED
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, aff etc.)	or obout 21 C. WHERE DID	(If in Baltimare C	ity, give exact lacotion)
ā	21D. TIME (Manth) (Doyl (Year) (Haur)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
ME	OF INJURY (APPROX.)	While At While At Wark			
	22. I certify that (I) (this hospital) attend		2-27- 10	6410/-	20- 1965,
	that (1) (we) last sow the deceased olive	1. 7 0-	1.1-		on death accurred an the date
	and haur and from the causes stated above				
	23A. SIGNATURE			2	3B. DATE SIGNED
	Jrs & Bland	M.D. Atte		hys.	1-20-65
	23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS	21	2/ /
	Joseph E. Blanton	M.D.	Church	Home	- Hrsp.
24A		C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City,	town, or county) (State)
	D 2 2/00//-	Sacred Heart of	Mary Roll	timore. Marvi	land
25A	. DATE REC'D BY HEALTH DEPT.   258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	July he	ADDRESS
	JAN 22 1965 R.C.	DE Jarber M.D.	James E. Bruzd	zinski 1407	Eastern Ave. #21
VS	150-REV. 1/1/65			00	



	05	BALTIMORE CITY	HEALTH DEPARTMENT		OF	
	H NO. 65 0761	CERTIFICA	TE OF DEATH X	Registered Na	65	0761
1. N	AME OF DECEASED		2. DATE AND H	OUR OF DEATH		
Clyp	e or Print) HILDA L	EWIN	TAN 20	1,1965	112	n . M.
3. F	LACE OF DEATH IN BALTIMORE, MARY	LAND	4. USUAL RESIDENCE (Where do	ceased lived. If instit	ution: residence t	before admission)
1 .	THE NAME OF THE PARTY OF THE PA				1	2.14
1	HOSPITAL OR oddress or location)	institution, give street	C. CITY OR TOWN (If gutside	city limits, write RUR	AL and nive tow	(nshin)
'	NSTITUTION			,	1-3	-00
	SIS NASSAU	ST	D. STREET ADDRESS (If rural	give location)		
1	910 /111-011		515 WASSA	a) st.		
5. 5	EX   6. RACE   7.	. MARRIED, NEVER MARRIED			f Hades 1 Ye	If Under 24 Hrs.
1		WIDOWED, DIVORCED (specify)		birthday) N	f Under 1 Yr. Nanths Days H	laurs Min.
- 42	FW	MARRIED	4-25-1915	49		
	. USUAL OCCUPATION (Give kind of work)  during most of working life, even if retired)	UB, KIND OF BUSINESS OR INDUSTRI	11. BIRTHPLACE (State or fareign of	country!	2. CITIZEN OF WHAT COUN	NTRY?
	UNISEWIFF		GERMANU		USA	
13.	HOUSE WIFE		GERMANY  14. MOTHERS MAIDEN NAME			
	1. == =: DF . ==	1050	rheriel.	D		
1251	ALFRED REIFEA		FREDIERE	ROSENBL	AT	•
	s, no or unknown) (II yes, give war or dotes		INFORMANT	2000	A CEAL	5+
	No	No	ERNEST LE	WIN SISI	N 753770	
	18. 244X1	CAUSE	DE DEATH .		INTERVAL	L BETWEEN
	DISEASE OR CONDITION DIRE	CTLY n.	01-1-1		ONSE! A	NO DEATH
	LEADING TO DEATH	6 OU	Hy a Scheron		100	10.
	(This does not mean the made of d heart failure, asthenia, etc. It means It		Ed immanst	ast Will.	1	1
	injury or complication which caused d		nineles	and and a	-	
11	ANTECEDENT CAUSES	(B) V/	warrageren	- stra		
	DISEASES OR CONDITIONS, if an		,		390.74	
11.	rise to the above cause (A) s UNDERLYING CONDITION last.	staling lhe (C)		*****************************		
	ONDERETING CONDITION last.					
Z	OTHER SIGNIFICANT CONDITIONS CO	NITRIBUTING				
ATION	TO THE DEATH BUT NOT RELATE	ED TO THE				
	DISEASE OR CONDITION CAUSING IT.	ITION FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or No)] 20	8. IF YES, WERE FIN	DINGS CONSID	ERED
CERTIFIC	WAS PERFO	RMED		CERTIFYING CAUSE	S OF DEATH?	
CER	21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimore C	ity, give exact la	ocation)
1 A	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, farm, factory, street, etc.)	office bldg., INJURY OCCUR?		,,,	
U						
MEDI	21D. TIME (Month) (Doy) (Year) OF INJURY		21F. HOW DID INJURY	OCCUR?		
<	(APPROX.)	While At Not Whi		-1		
	22. I certify that (I) (this hospitual)	ottended the deceased from	stort 190 vs	to His	11,90	196-5
	that (1) (we) lost sow the deceased	VI. 11 x	1965 and that i			red on the date
	11	7		, (m)	m dedin occur	rea on me aare
	and haur and from the couses state	d dbove. (I) (me) (did) (did not)	view the body after deoth.	16.	DATE SIGNE	
		M.D. At	lending Med. Stat		B. DATE SIGNED	1111
	When Millerice	yer - Ph	ys. Director Phy		We so	146.5
	23C. PHYSICIANS NAME (Type)		23D. ADDRESS	CYDI	00.	i.
	to distitation	17925 (1 M.D.	100 CCT. KNOW	1.75	Thurs	12 hed
244	BURIAL CREMATION, 248. DATE	20C. NAME of CEMETERY OF CE	EMATORY 24D. LOCA	City,	town, or county)	(State)
	REMOVAL (Specify)	011500 1 111111	AMECEN	1 - 1 - 1	/	
	A DATE REC'D BY HEALTH DEPT	58 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	DELLSTOY	YN M	RESS
	JAN 22 1965	Robert E. tarber M.	0621011	. 9	0. 6	1 00
Ve	150-REV. 1/1/65	ATO-CANA .	Jack here	no and	00 CM	Tau Pl
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65 0762	BALTIMORE CITY	Y HEALTH DEPARTMENT		CF DWDD
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	65 0762
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  BUXBAUM, JO	SEPH		HOUR OF DEATH	5:15P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	e deceased lived. If in	stitution: residence before admission)
FULL NAME OF (If not in hospital or instituTION (If not in hospital or institu	ition, give street	MARYLAND  C. CITY OR TOWN (If outs		RURAL and give township)
ST. AGNES HO	SPITAL	D. STREET ADDRESS (IF re	urol, give location)	
		549 S. LONGW	OOD ST.	#23
WID	RRIED, NEVER MARRIED OWED, DIVORCED (specify) DDOWED	10-12-87	O. AGE (In years ost birthdoy)	If Under 1 Yr. Il Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF
done during most of working life, even if retired)  RETIRED  CAR  13. FATHER'S NAME	PENTER	MARYLAND	45	U.S.A.
			A E	
JOSEPH BUXBAUN	Λ	MARY SMITH		
5. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (III yes, give war or dates of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS AVE.
YES WAR 1	215-07587	ST. AGNES HOS	P RECORDS	
18. 4 6 1 X	CAUSE C	OF DEATH	T TEOOTED	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	()			ONSET AND DEATH
LEADING TO DEATH	(A) Shy	rck		
(This does not mean the mode all dying,	e.g., DUE TO			***************************************
heart failure, asthenia, etc. It means the dis injury or complication which coused death.)	eose,	us bearlings /	and wi	
ANTECEDENT CAUSES	(B) -OL	ner wales and	your vi	
DISEASES OR CONDITIONS, if any,	DUE TO	) IT A Class	a aneur	
rise to the obove couse (A) stating		upured will	c whenry	on
UNDERLYING CONDITION 1051.		V		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING O THE			
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i hame, farm, factory, street, o etc.)	in or about 21C. WHERE DID INJURY OCCUR?	(I( in Boltimore	e City, give exact location)
Q 21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi			
(ATTAOA)	Wark At Wark		1	1100
22. I certify that (I) (this hospitol) atten		-	9 65 to JAN	WARY 19 19 65,
that (1) (we) lost sow the deceased alive	on JANUART 19	19 65 ond the	it in (my) (our) opi	nion deoth occurred on the dote
and hour and from the causes stated abo	ve. (1) (We) (did) (did not)	view the body after deoth.		
23A. SIGNATURE	Britige M.D. Att	ending Med.	Stoll Phys.	238. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	3 0 0 0	23D. ADDRESS	rnys, pt.	17-4
EDILBERTO BELTRAN	M.D.	ST. AGNES HOS	PITAL -CAT	ON & WILKENS AVES
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY OF CR		CATION (C)	ty, town, or county) (State)
Bremoval (Specify)	BALTO, NAT.	inalisi I-	BALTO, M	nd
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	11-10	ADDRESS
JAN 22 1965 R.C.	est E. Jankey M.A.	F. S. MACNY	ABB 3011	TREDERICK RL
VS 150-REV. 1/1/65			0	



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(4) Undetermined cause;

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(5) Deceased on the

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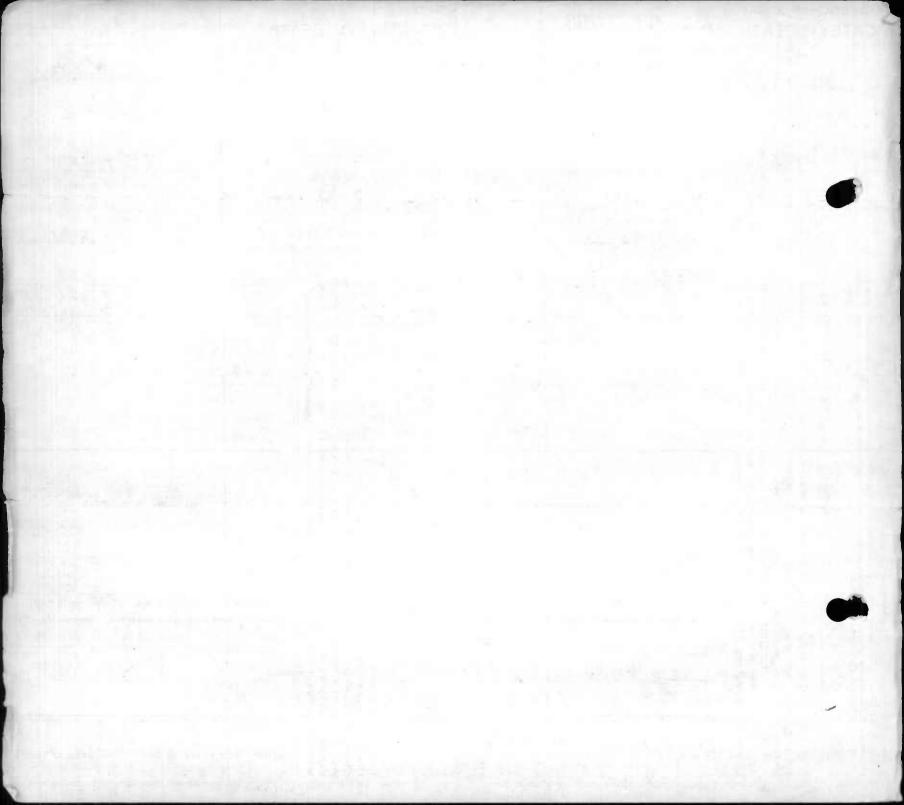
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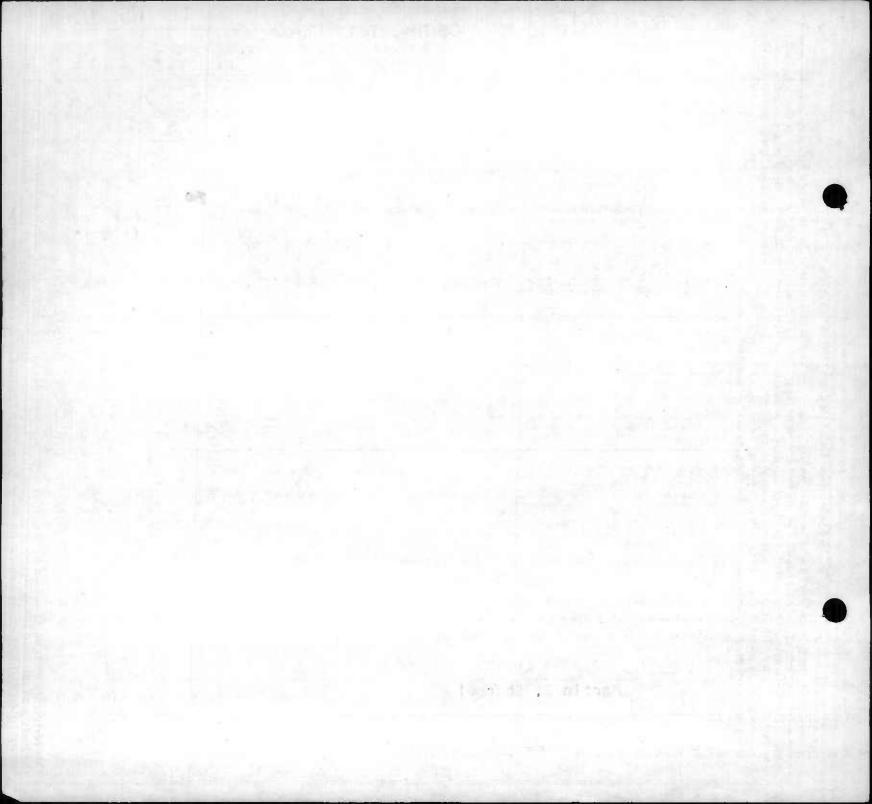
Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 20 WILSON 6 4. USUAL RESIDENCE (Where deceased lived, If institution; rasidance before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND B. COUNTY A. STATE ARYL FULL NAME OF (If not in hospito) or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION D. STREET ADDRESS (If ruro), give location) 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. 5. SEX If Under 1 Yr. Months Doys 6. RACE WIDOWED, DIVORCED (specify) lost birthdoy) -18 WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 1). BIRTHPLACE (State or foreign country) done during most of working life, even if retired) 011 ARY Humble RETIR 13. FATHER'S NAME U.5 A 4. MOTHER'S MAIDEN NAME scorge 15. Was Deceased Ever in U. S. Armed Forces ADDRESS (Yes, no or unknown) (If yos, give wor or dotos of sorvico) SECURITY NO. 106 Bhe merc IVO 212-09-0150 INTERVAL BETWEEN DISEASE OF CONDITION DIRECTLY LEADING TO DEATH YEARS (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death,) (B) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving rise to the abave cause (A) staling the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED No 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, stroot, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) DEATH (notify modical examinar) MEDI 21 D. TIME (Month) (Doy) (Your) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (this hospital) attended the deceased from 196 that (AL(we) last saw the deceased alive an. and that in (my) (aur) apinlan death accurred an the date and haur and fram the causes stated above. (F(We) (did) (Titings) view the bady after death. 23B. DATE SIGNED 23A. SIGNATURE Attending Phys. Med. Diroctor Stoff M.D. Phy s. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) MERC ONOHUE M.D. JALVATORE 24A. BURIAL CREMATION. 24B. DATE REMOVAL (Spocify) 23 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



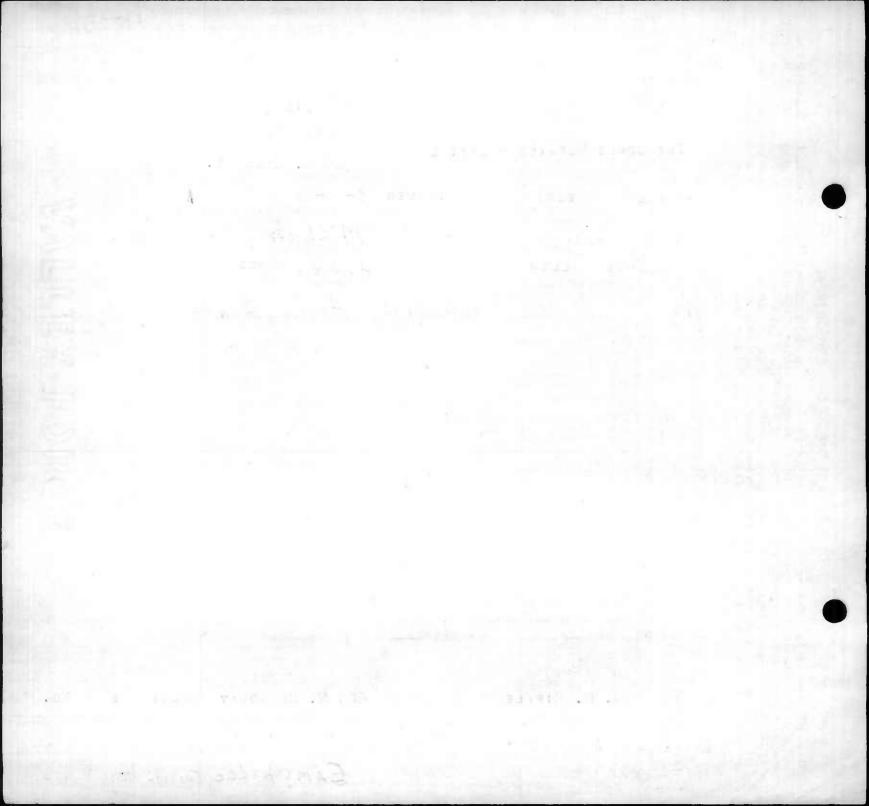
	or orca	BALTIMORE CITY	HEALTH DEPARTMENT		65 0764
	th No. 65 0764	CERTIFICA	TE OF DEATH	Registered No.	00 0704
1. N (Typ	AME OF DECEASED  PLACE OF DEATH IN BALTIMORE, MARYL.  FULL NAME OF (If not in hospitol or in oddress or locotion)		4. USUAL RESIDENCE (Where A. STATE B. COUNT C. CITY OR TOWN (If outs	ry s side city limits, write RU	
	BALTIMORE, MO-	LYLAND ITESPITAL	D. STREET ADDRESS (If I	FAYETTE  urol, give location)  RE MB	
5. S		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH FEB. 2, 1894	ost birthdoy)	II Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108 e during most of working life, even if refired)	, KIND OF BUŜINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTRY?
	John KEYS		14. MOTHER'S MAIDEN NAM	lilliams	
15. Yes	Wos Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of	service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	18. 992 X I	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECT	TLY (A) Ph	eumonitis		Z
	(This does not mean the mode of dy heart failure, asthenia, etc. It means the injury or complication which caused de ANTECEDENT CAUSES	disease, oth.)	emia		3
	DISEASES OR CONDITIONS, if ony rise to the obave cause (A) sto UNDERLYING CONDITION tost.		unic reve	l disease	2,
ATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
RTIFIC	19A. DATE OF OPERATION 19B. CONDITI		20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
CAL CEI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	218. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore C	city, give exact location)
_	21 D. TIME (Month) (Doy) (Year) (FOF INJURY (APPROX.)	While At Work At Work		JRY OCCUR?	
	22. I certify that (1) (this hospital) of that (1) (we) lost sow the deceased a ond hour and from the causes stated	live on Jan 19	19.65 ond the	of in(my) (our) opinion	on death occurred on the date
	28A. SIGNATURE  Martin C. SI 23C. PHYSICIAN'S Marain C	largel M.D. Att	ending Med.	Stoff 2	3B. DATE SIGNED
	MARTIN SHA	Shargel RGEL M.D.	UNIVERSITY O	F MD. Ho.	SPITAL, BALTO.
24A	REMOVAL (Specify) 1/23/18	24C. NAME OF CEMETERY OF CR	Bu	Pleninger	town, or county) (Stote)
25 A	JAN 22 1965	Los & E Farber MA	25C. FUNERAL DIRECTOR	Carroll	-2400 Likevies

JAN 44 VS 150-REV. 1/1/65



VS 150-REV. 1/1/65

				BALTIMORE (	CITY HEALT	H DEPARTMEN	T		0.5	
M.E	H NO. 65	07	65	CERTIFIC	CATE	OF DEATH		ered No	65 0	765
(Тур	e or Print)	VAL	LER	PEYTON			O FAN	196	5-4	50 PM
3. F	LACE OF DEATH	DAL HA	OKE, MIARICAND		A. STA		OUNTY	nved. II Institu	onon: residence	elore damissian)
H	TULL NAME OF HOSPITAL OR NSTITUTION		n hospitol or institut or location)	ion, give street	c. cii	ARYLAND	If outside city lim	its, write RUR	AL ond give tov	rnship)
	THE JO	HNS	HOPKINS 1	HOSPITAL		BALTIMOR REET ADDRESS	(If rurol, give lo	cotion)		
					3	06 N. E	DEN ST.			
5. S	MALE 6. R	ACE /		NED, NEVER MARRIED (specify)	)	15 <b>-</b> 83	9. AGE (In y	eors	f Under 1 Yr.	If Under 24 Hrs.
				OF BUSINESS OR INDU	STRY 11. BIR	THPLACE (State or	foreign country)	1	2. CITIZEN OF	JTBY?
done	Backeny	05	Try	None	1	7:LL SE	V. VA		U.S.	A
13.	FATHER'S NAME	1.03			14. M	THER'S MAIDEN	NAME			
	Тном	AS W	ALLER		AN	N/zie F	Ross			
15. 1	Was Deceased Ever	in U. S.	Armed Forces?	1 6. SOCIAL SECURITY NO.		ORMANT			ADDRES	S
(100	11/0	es, give	WOI OF GOICS OF SERVI	217-171-314	13	Agnes	BEAN	15	SAF	n 0
	1B. )	Y I		CAUS	E OF DEA	H	19 CHI		INTERVA	L BETWEEN
		R COND	TION DIRECTLY	6	Ane:	NomA	87 PROS	TATE	ONSET A	ND DEATH
	(This does not n heart failure, asth	nean lhe enia, elc.	made of dying, It means the dise		111001	NO PACI	0/ 1/100.	)(1116		
	injury or complice		CAUSES	(B)						
			ONS, il any, gi	DUE TO						
		bave ca	use (A) slaling						*******************	>>>===================================
		П								
ATION		H BUT	NOT RELATED TO		Throsh	ysena				
IC.A			198. CONDITION F	OR WHICH OPERATION	204	AUTOPSY? (Yes	or No. 20B. IF YE	S, WERE FIN	DINGS CONSID	ERED
CERTIFIC	2 hore		WAS PERFORMED			YES	IN CERIIF	TING CAUSE	S OF DEATH?	
CAL CI	21 A. ACCIDENT W OR CONTRIBUTION DEATH (notify med	G CAU	SE OF	218. PLACE OF INJURY (e home, form, foctory, stree etc.)	g, in or obe t, office bld	ut 21C. WHERE DI	R?	n Boltimore C	ity, give exoct le	cotion)
		onth) (Do	y) (Year) (Hour)	21E. INJURY OCCURRED		21F. HOW DID	INJURY OCCUI	<b>R?</b>		
WE	(APPROX.)			While At Not At V	While O			٨		
			hospital) attend	ed the deceased from	De	9 (5 on	19 C.Y. to		n deoth occur	red on the dote
				e. (1) (We) (did) (did no	et) view th					
	23A. SIGNATURE		_					23	B. DATE SIGNE	
	4	NY	Riple	M.D.	Attending Phys.	Med. Director	Stoff Phys.		1-20	-65
	23C. PHYSICIAN'S NAME (Type)	G. N	RIFFLE		23D. AC	1 N. BRI	OADWAY	BALTI	MORE !	5 Mp.
0.11		G . IV								
24A	REMOVAL (Speci	fy) 24B.	DATE 24	C. NAME OF CEMETERY OF	CREMATO	24	D. LOCATION	(City,	town, or county)	(Stote)
25 A	SUMAL DATE REC'D BY	HEALTH D	24-65 DEPT. 258. NA	What John	1, Cen	. FUNERAL DIREC	FILMO,	NEUK	/ ADD	RESS .
	JA	N 22	1965 (200	SE Farbert	A	EAMP	balle	FUNCHA	L Hame 1	CILMONELK WA.



IS:

BALTIMORE CIT	Y HEALTH DEPARTMENT
CERTIFICA	ATE OF DEATH Registered No. 65 0766
	2. DATE AND HOUR OF DEATH
Goines	January 20, 1965 8:00 A. M.
ND titution, give street	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY Maryland
Hosptials	C. CITY OR TOWN (If outside city limits, write RURAL ond give township)  Baltimore
enue Land 21224	D. STREET ADDRESS (If rurol, give location)  2214 Aikens Street #21213
ARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.

(Type or Print)	Eli;		nes		Januar	ry 20, 1965		8:00 A.	
FULL NAME	OF (If not in hospitot	or institution,	give street	4. USUAL RESI A. STATE Maryla	B. COUN	re deceosed tived. If	institution: reside	nce before odmissi	
HOSPITAL O	R oddress or locotion	n)		C. CITY OR TO	WN (If our	side city limits, write	RURAL ond giv	e township)	
1113111011011	Baltimore Cit		cials	Baltin	ore				
	4940 Eastern			D. STREET ADD		rural, give location)			
	Baltimore, Ma	aryland	21224	2214	Aikens	Street #	21213		
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIR		9. AGE (In years tost birthday)	If Under 1 Y Months: Doy	r. If Under 24 h	
Male	Negro		Widowed	3-3-00		64			
	CUPATION (Give kind of world	10B, KIND OI	BUSINESS OR INDUSTR	11. BIRTHPLACE	(State or fore	gn country)	12. CITIZEN	OF COUNTRY?	
sone during most	of working life, even if retired)	11	~~	South	Carol	ine	U. S		
13. FATHER'S N	AME	1 //	0 0-	14. MOTHER'S			0. 0	• A •	
Wil	ham goes	res		Retec	ca J	ones			
Yes, no or unkno	ed Ever in U. S. Armed For wn) (It yes, give wor or dote	ces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	0		AD	DRESS	
/	ne		218-10-6502	RECORI	S: BCH:	4940 East	ern Aven	ue #21224	
18. / 3	2 X I		A CONTRACTOR OF THE PROPERTY O	OF DEATH			INTE	ERVAL BETWEEN	
DISE	ASE OR CONDITION DI	RECTLY	100 500						
(T)	LEADING TO DEATH	1.		Renal Insu	fficie	ncy	1	Year	
	nol mean the mode of e, osthenio, etc. Il meons		DUE TO						
injury or c	omplication which coused	death.)	I	ulmonary	Actino	mycosis	7	Year	
	ANTECEDENT CAUSES		(B)					1000	
rise to	OR CONDITIONS, if the obove cause (A) NG CONDITION last.	, 0	(C)	rterioscl	erotic	Vascular D	isease 1	Year	
	- 11								
E TO THE	ENIFICANT CONDITIONS CODEATH BUT NOT RELADER CONDITION CAUSING	ATED TO TH		. No					
19A. DATE	OF OPERATION 198. CON	IDITION FOR FORMED	WHICH OPERATION	20A. AUTOP	NO NO	IN CERTIFYING C	FINDINGS CO AUSES OF DEA	NSIDERED TH?	
OR CONTR	DENT WAS UNDERLYING DENT WAS UNDERLYING CAUSE OF tify medical examiner)	21E hon etc.	ne, form, foctory, street,	in or obout 21 C. W office bldg., INJUR	HERE DID Y OCCUR?	(If in Boltime	ore City, give ex	oct location)	
OF INJURY	(Month) (Doy) (Year)	(Hour) 218	INJURY OCCURRED	21 F. H	OM DID INT	URY OCCUR?			
€ (APPROX.)		WH	ile At Not Wh						
22 1	fy that (1) (this hospita					1065 to Ja	nuary 20	10 65	
that (1) (w	e) lost sow the decease	ed olive on	January 20,	19 65	ond th	ot in (my) (our) of		A	
	and from the couses sta	ted obove. (	(We) (did) (did not)	view the body	ofter deoth.		008 5 475 5	CHED	
23A. SIGN A	Hack	trus	M.D. At		Med. Director	Stoff Phys.	Januar	ry 20, 196	
23C. PHYSIC	CIAN'S	-		23D. ADDRESS					
NAME	Howard K	Rathh	ann	1910 Fe	etann A	******* #212	21		

24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)

25C. FUNERAL DIRECTOR

(Stote)

25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH' DEPT.

DATE

0766

BIRTH NO.

M.E. CASE NO.

1. NAME OF DECEASED
(Type or Print)

Such

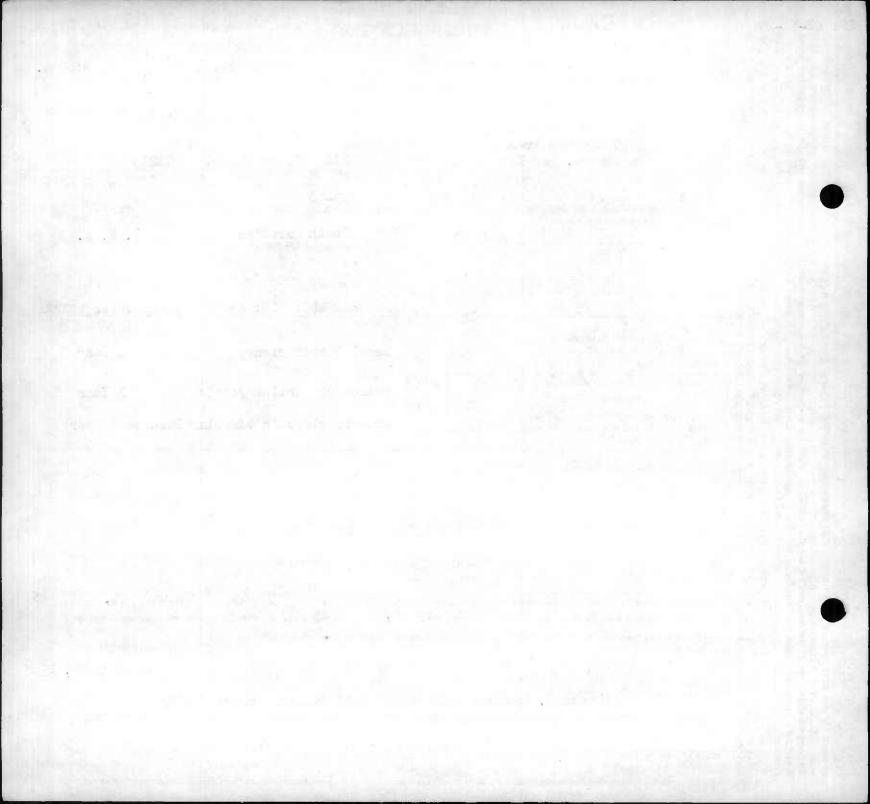
death.

0

prior

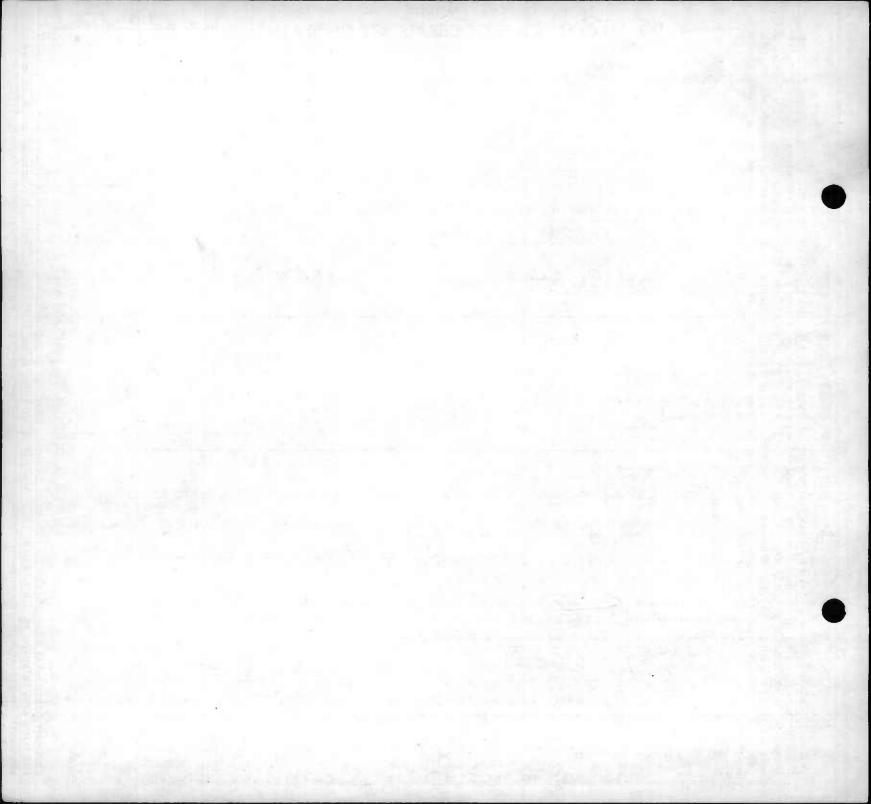
24A. BURIAL CREMATION, REMOVAL (Specify)

VS 150-REV. 1/1/65



## This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY	HEALTH DEPARTMENT		CE man
вити но. 65 0767	CERTIFICA	TE OF DEATH	Registered Na.	100 13/6/
M.E. CASE NO.	0=1111110			
1. NAME OF DECEASED	54		D HOUR OF DEATH	708 0.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		9	e deceased lived. If in	stitution: residence before odmission)
FULL NAME OF (If not in hospital or institution	n give street	MARYLAN		Y
HOSPITAL OR oddress or locotion) INSTITUTION	n, give sileer	C. CITY OR TOWN (If out		URAL ond give township)
UNIVERSITY OF MARYLA	LATIBROHI GUE	BALTIMO		4-01
BALTO I, MD			FREMON	AVE (1)
	D, NEVER MARRIED		9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
M N WIDOW	/ED, DIVORCED (specify)	3/18/1880	last birthdoy!	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
Keliver	None	Isleuhte 1	1100	4-8 A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
Olera Sovier	/	1en kmo	ran	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	213-01-3611	nang So	inala	Same
18. 4 0 0 0	CAUSE O	F DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		L . 0		7
(This does not mean the mode of dying, e.c	G. DUE TO	toute fulm	nongedon	×
heort foilure, osthenia, etc. It means the diseas injury at complication which caused death.)	Α,		1/1	
ANTECEDENT CAUSES	(B) A2	terrorclevite	i Heart D	isease?
DISEASES OR CONDITIONS, if any, givin	DUE TO			
rise to the obove couse (A) stating the	18 (C)	ක්ෂ එකිරීමේ එක් කෙන ගැනී වී ගැන කත ස් එකට සාවස් කතක කඩා ඇත. සා සහ සාදේශයුණ සඳහා සු අතු ඉ		- menned - no a a a a a venuoren non manananan non a a a a 4000 a a a 25 and
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	NG THE			
		20A. AUTOPSY? (Yes or Na	1 200 IS VES WERE	THE THE CONTRACTOR
194. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	ZUA. AUTOPST: Ties of INdi	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	1B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of tc.)	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
	1E, INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
₹ (APPROY)	While At Not While Nork At Work			
22. I certify that ( this haspital attended	the deceased fram	JAN 30 1	9 65 ta	JAN 20 1965
that (1) ( last saw the deceased alive an	JAN Z		at in(my) (aur) apir	nian death accurred an the date
and have and from the causes stated above.	The state of the s			
23A. SIGNATURE	1			23B. DATE SIGNED
Merlin C. Ska	M.D. Atte	ending Med. Director	Stoff Phys.	JAN. 20, 1965
23C. PHYSICIANS NAME (Type) MAPLIN C. SA	HARGEL M.D.	University	1 md	· Hospital
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CRI	MATORY 24D. CO	OCATION (Cit	ly, town, or county) (State)
Burner & 1/25/10157	nt-Calum	Carl p	acto	mx
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	E OF REGISTINAR	25C FUNERAL DIRECTOR	acco	ADDRESS
JAN 22 1965 Ralea	BE, Jaken H.A	Hopsu (0")	William 1	son Beneton A.
VS 150-REV. 1/1/65		100	uinasaun /	Villetuney VI



	death occurre t or contribut Undetermine as in regular e deceased
IMPORTANT	Also, if the directed and kind of the directed and kind; (4) nounced death watendance on the directed and dir
FUNERAL DIRECTOR: IMPORTANT	cate must be approved by the chief medical examiner or his assistant if death occurre as released to the hospital by a medical examiner. Also, if the direct or contributen accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined at a hospital (except where the physician who pronounced death was in regular prior to death); and (6) No physician was in regular attendance on the deceased in the deceased
	as re as re at a rior t

shows: (1)

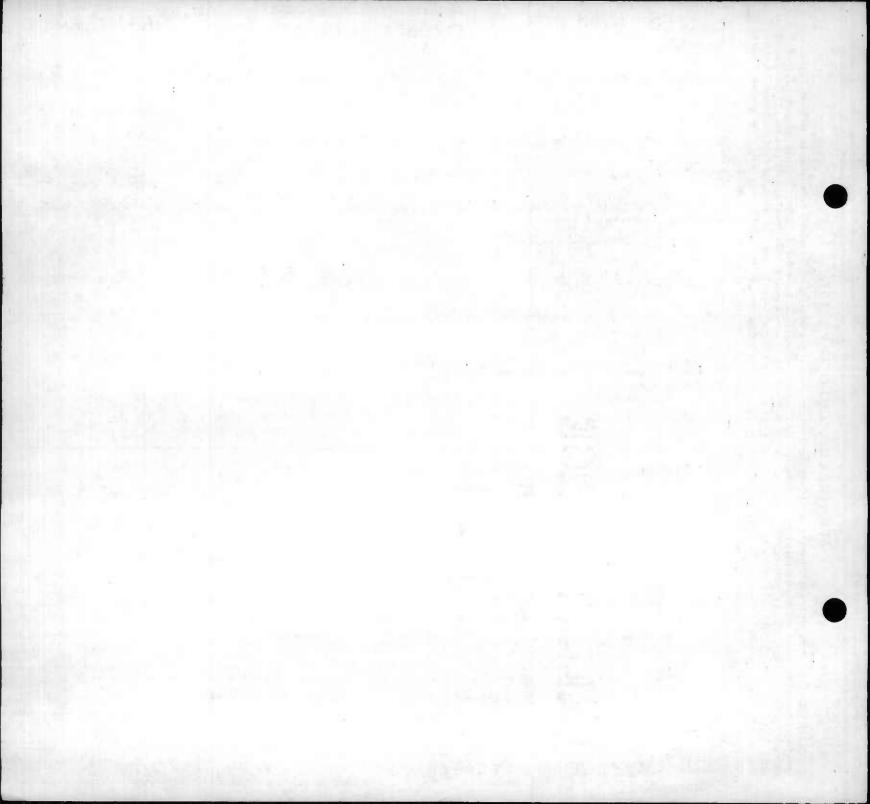
d in a hospital and ing cause of death I cause; (5) Deceased

on t

attendance

10

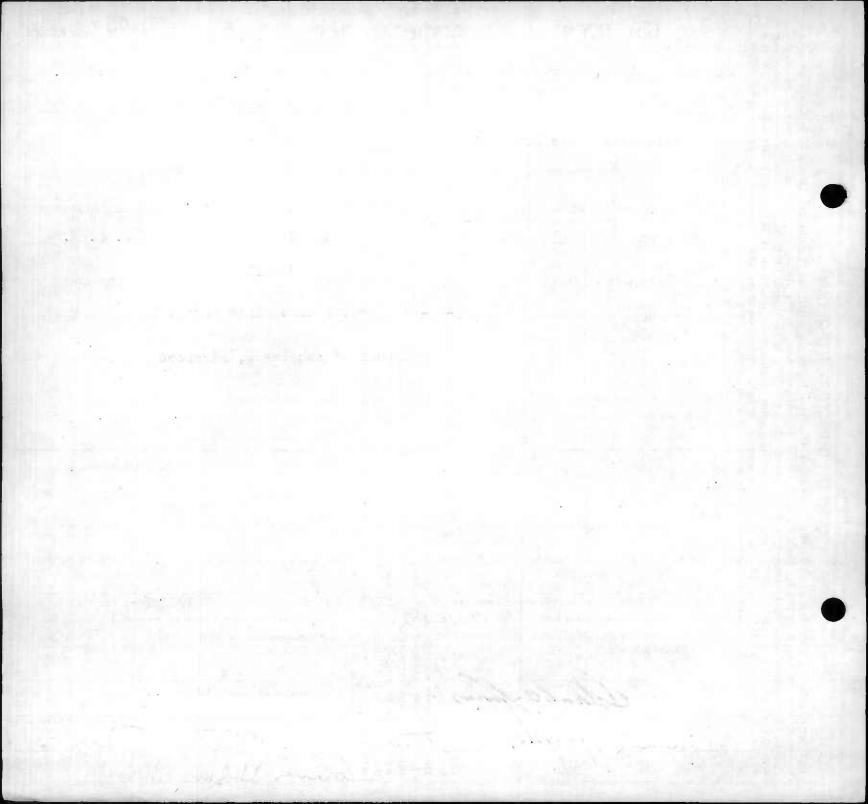
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) AVMOND 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) HOUSE IN THE PINES BALTIMOR D. STREET ADDRESS (If rural, give location) 2525 W BELVEDERE TAN 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Und Months: Doys Hours If Under 24 Hrs. Hours i Min. 6. RACE MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) lost birthday) WIDOWED WHITE 10A, USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) DEPT. STORE CLERK 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME FLORENCE DOVE MARSHALL 15, Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. mrsVIRgINIA CULLIBON-87 CAUSE OF DEATH INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury as camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Hour) 21 F. HOW DID INJURY OCCUR? (Month) (Doy) (Yeor) 21E INJURY OCCURRED OF INJURY While At Not While obtain (APPROX.) Work At Work HU 22. I certify that (1) (this haspital) attended the deceased from that (1) (we) lost saw the deceased alive on JAN Land that in (my) (our) opinian deoth occurred on the date and haur and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Stoff Director L 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Sheldon Goldgeier was D.O.A. deceased p 24C. NAME of CEMETERY OF CREMATORY 24A. BURLAL CREMATION, 24B. DATE 24D, LOCATION WOVAL (Specify ran DEPT. 258. NAME OF REGISTRAR HEALTH 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65



VS 150-REV. 1/1/65

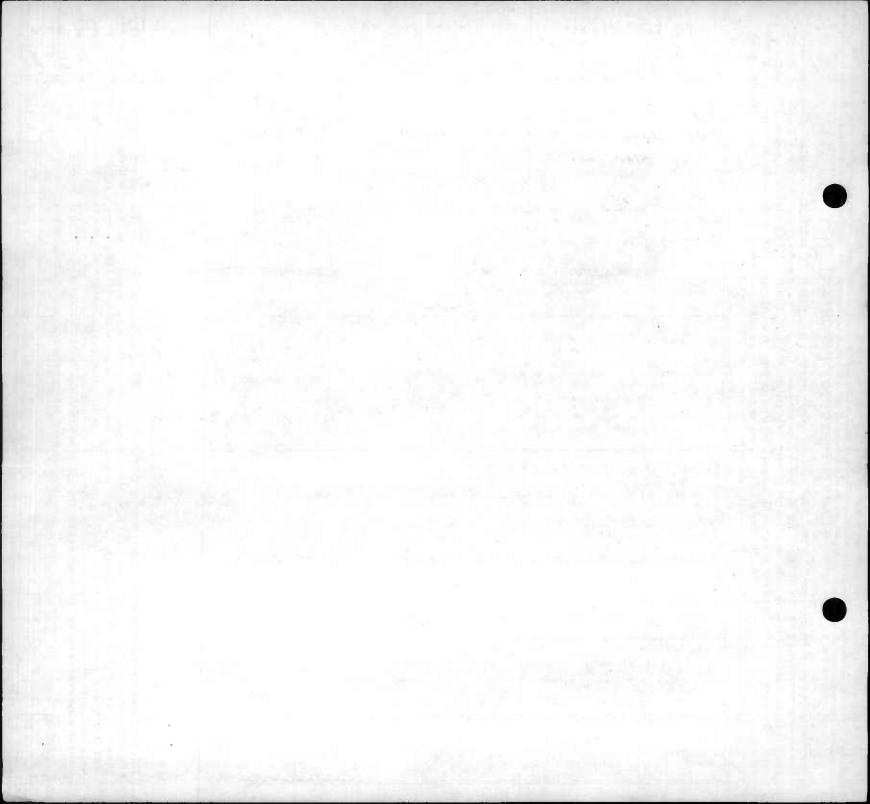
				BALTIMORE CITY	HEALTH DEPARTMENT				
	NO. 6	5 0769		CERTIFICA	TE OF DEATH	Registered No.	65 0769		
NA	ME OF DECE	ASED			2. DATE	AND HOUR OF DEATH			
					1/20/65 1:25 P. A				
Cather, George William  PLACE OF DEATH IN BALTIMORE, MARYLAND					4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission A. STATE  B. COUNTY				
HO	ULL NAME OF (If not in hospital or institution, give street oddress or location) STITUTION				c. CITY OK TOWN (If outside city limits, write RURAL and give township)				
	Monte	bello State	Hospit	al	D. STREET ADDRESS (If rurol, give locotion)				
					502 Shamrock Lane				
S EX		6. RACE	7. MARRIED, WIDOWEL	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min,		
	M	W Cive hind of week	D	DISCIPLES OF INIDISCEN	3/15/1909	55 Yrs.	110 617511 05		
lone d	during most of w	rorking life, even if retired)	Henneg	BUSINESS OR INDUSTRY	11. BIKIMPLACE (State of	toreign country)	12. CITIZEN OF WHAT COUNTRY?		
S	Salesman (Jewelry)				Baltimore	N A A A E	U.S.A.		
	obert				Annie Goe	bel			
5. We Yes, n	es Deceesed no ar unknown)	Ever in U. S. Armed Fer (II yes, give war or date	ces? s of service)	SECURITY NO.	17. INFORMANT		ADDRESS		
	No			219-03-6320 CAUSE OF	Montebello	State Hospit	INTERVAL BETWEEN		
h	This does no hearl foilure, injury or com	E OR CONDITION DIF LEADING TO DEATH al meen the made af osthenio, etc. Il meens plication which caused	gus, advance	onset and Death  od 9 months					
ri	DISEASES O	R CONDITIONS, if abave cause (A) CONDITION lost.	any, giving	(B) DUE TO					
2 1	TO THE DE	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO TH						
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				Yes	No) 20B, IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?		
7 0	PIA. ACCIDEN OR CONTRIBU DEATH (notify	TING CAUSE OF medical examines	21 & hometc.	PLACE OF INJURY (e.g., in the, form, foctory, street, of	or about 21C. WHERE DIE	? (If in Boltimo	re City, give exact location!		
WED!	PID. TIME OF INJURY APPROX.)								
2:	22. I certify that (I) (this hospital) attended the deceased from 11/30/64 19 to 1/20/65 19								
							inion deoth occurred on the d		
-				(We) (did) (did not) v					
	3A. SIGNATU			, (ne) (did) (did not) V	IOW THE DOGY OTTOT GEO	111.	23B, DATE SIGNED		
2.				M.D. After	ending Med.  Director	Stoff Phys.	1/20/65		
23	NAME (T)	(pe) (Mend	ch		22D ADDRESS	bello State			
4.6	BURIAL CREA		Kamo	S	AAATORY 1346	LOCATION / "	in the second of the second		
	REMOVAL (S	pecily) //2.3/	14/	AME OF CEMETERY OF CRE	24[	Ba Ha	City, town, or county) (State)		
5A.	DATE REC'D	BY HEALTH DEPT.	258 NAME C	OF REGISTRAR	25C. FUNERAL DIREC	TOP	APDRESS		

ande



	occurred ontributing ermined ce regular a	2000
MPORTANT	ulso, if the direct or cooling of any kind; (4) Undetounced death was in the dance on the decent	
FUNERAL DIRECTOR: IMPORTANI	by the chief medical examiner. A pital by a medical examiner. A re; (2) Body burns; (3) A fracture where the physician who proncy to physician was in regular at the constitution of the c	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined convex B.O.A. at a hospital (except where the physician who pronounced death was in regular a deceased price and price and control and control is not a deceased price and price and disposition is made.	

BALTIMORE CITY HEALTH DEPARTMENT							
M.E. CASE NO.	CENTILICATE OF DEATH S						
NAME OF DECEASED	REIGHEL	2. DATE AND HOUR OF	DEATH 9:250				
3. PLACE OF DEATH IN BALTIMORE, A		4. USUAL RESIDENCE (Where deceased li	ved. If institution: residence before admission				
HOSPITAL OR oddress or loco	ol or institution, give street	n Ale					
THE HOSPITAL	FOR THE WOHEN	BALTIMORE	10RE 53-00				
OF MARYLAND.		513 WILLOW AVE					
5. SEX 6. RACE	7. MARRIED. NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In yellost birthdoy)  6-23-04	Months Doys Hours Min.				
10A, USUAL OCCUPATION (Give kind of widone during most of working life, even if retired		Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
	Housewife	WEST PHALEN, FEELS	PANY U.S.A.				
HOUSE WIFE	270000000000000000000000000000000000000	14. MOTHERS MAIDEN NAME	J				
Heinreich	T.ene	Anna Buessenschut	hte.				
15. Was Deceased Ever in U. S. Armed	Forces? 1 6. SOCIAL	17. INFORMANT	ADDRESS				
(Yes, no or unknown) (If yes, give wor or d	security nd. 215-46-6605	chart					
18.5 27.11		OF DEATH	INTERVAL BETWEEN				
DISEASE OR CONDITION I			ONSET AND DEATH				
LEADING TO DEAT	H AC	Pulmonary kin	n Edema				
(This does not meen the mode	of dying, e.g., DUE TO		***************************************				
DISEASÉ OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heard foilure, ostherio, etc. II means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the  (A) AC fulmondary kuen Edema  DUE TO  COY Pulmonale Se C  (B)  DUE TO  COY Buphysema  (C)							
ANTECEDENT CAUS	ES (B)	, , , , , , , , , , , , , , , , , , , ,					
	DUE TO	£ C & R. 11.10	20				
rise to the obove couse (A	A) stoling the (C)	no Ch Emphys.	em.				
UNDERLYING CONDITION Iosi.		7					
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING	ELATED TO THE						
19A. DATE OF OPERATION 19B. CO	ONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, IN CERTIFY	, WERE FINDINGS CONSIDERED ING CAUSES OF DEATH?				
<u>~</u>							
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	in or obout 21C. WHERE DID (If in office bldg., INJURY DCCUR?	Boltimore City, give exact location)				
DEATH (notify medical examiner)	etc.)						
OF INJURY (Month) (Doy) (Yes	or) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
(APPROX.)	While At Not Wh						
22. I certify that (I) (this hospi	tol) ottended the deceosed from	1-20 19 65 to	1-20 19 65				
that (I) (we) lost saw the decea	[-20:	and 1 E	our) opinion deoth occurred on the do				
		m.	our, opinion deorn occurred on the ad				
and hour and from the couses s	toted obave. (I) (We) (did) (dld not)	view the body ofter deoth.	DATE CIONED				
23 SIGNATURE	(5 h c M.D. A	ttending Med. Staff	23B, DATE SIGNED				
Diadens	6. Small	nys. Director Phys.	1-20-6				
23C. PHYSICIAN'S NAME (Type)	M.D	23D. ADDRESS					
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C		(City, town, or county) (State)				
Burial 1-23-	1965 Parkwood Cemeter	ry Baltimore	Co. Md.				
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR					
JAN 22 1965	DO GE Starley M.A.	0 P 7 2 N.	ADDRESS 34				
	Menery -	Laszahn June	110me 140/18dan				
/S 150-REV. 1/1/65							



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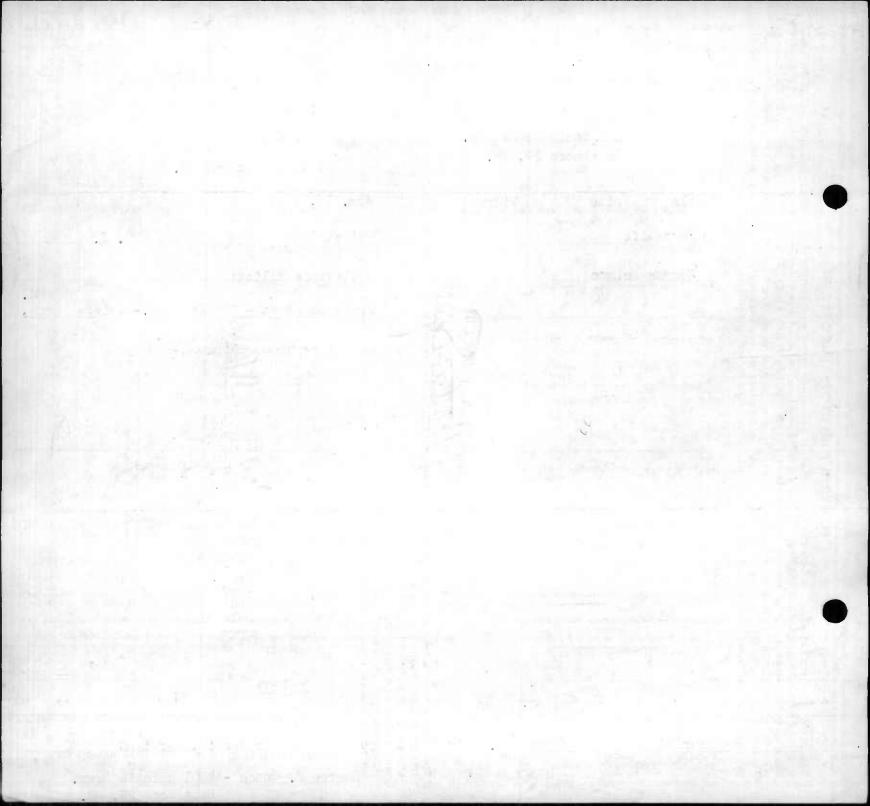
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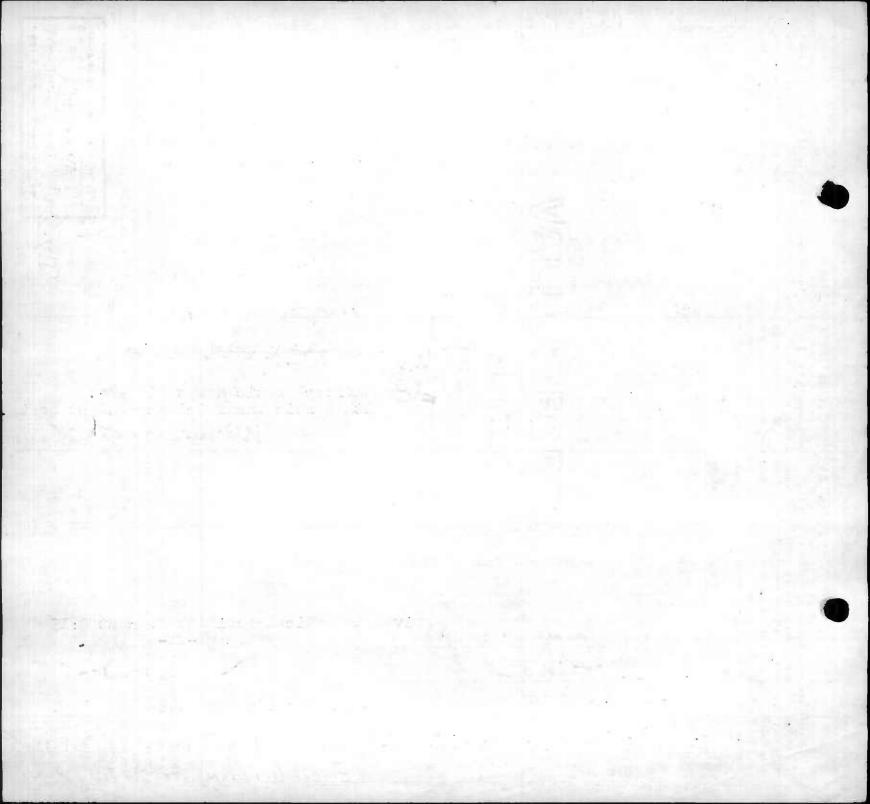
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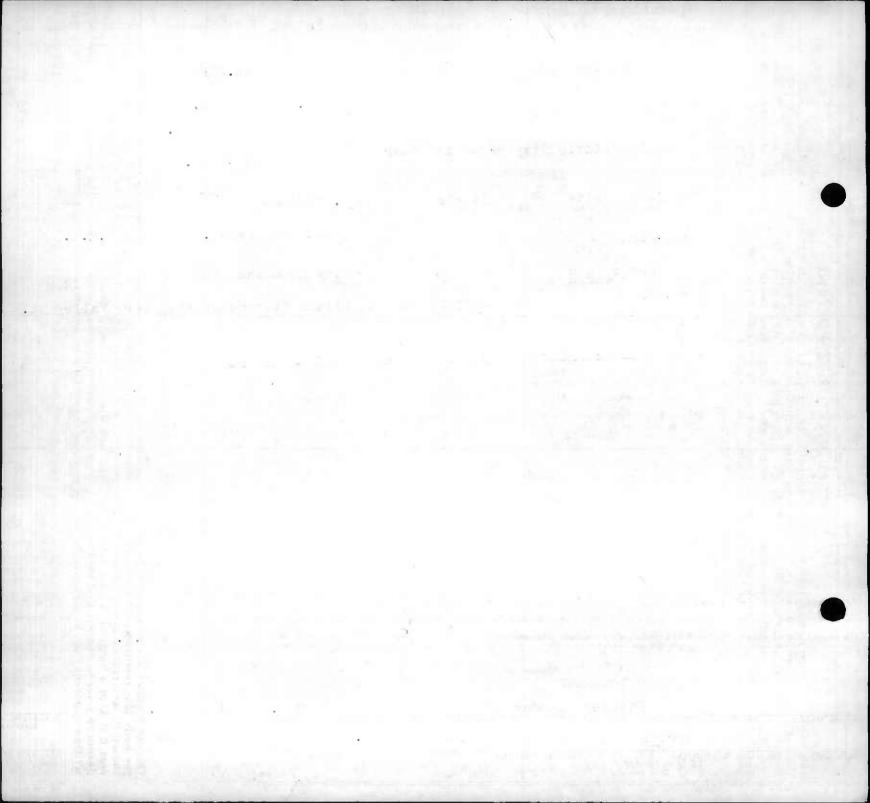
BIRTH NO.	MED	ICAL EX	AMINER'S C	ERTIFICATE C	DE DEATH	Registered Na	
M.E. CASE NO.	59374						
1. NAME OF DEC	CEASED			2. DA	TE AND HOUR PR	ONOUNCED DEA	D
		ENCE	GRIFFIN		-20-65		10:30 P.M.
3. PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE	Where deceased li	B. COUNTY	esidence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN (IF	outside corporate l	imits, write RURAL	ond give township)
				Baltimore	Harrie E.	00	71.
ST.	AGNES HOSPI	TAL		D. STREET ADDRESS			
5. SEX	L DACE	T7 AAABBIED	NEVER MARRIED	B. DATE OF BIRTH	s Avenue		der 1 Yr. If Under 24 Hrs.
Male	White	WIDO WED,	DIVORCED (specify)	AVG. 13,1	926 lost birth	hdoy) Month	ns Doys Hours Min.
done during most of	UPATION (Give kind of wor	k 108. KIND O	F BUSINESS OR INDUSTR		ga a		TIZEN OF HAT COUNTRY?
	working life, even if retired)			VIRG	INIA		U. S.A.
13. FATHER'S NAM				14. MOTHER'S MAIDEN	NAME	0	
	RENCE		FFIN	ELIZA	BETH	PAR	KS
	D EVER IN U.S. ARMEI		16. SOCIAL SECURITY NO.	17. INFORMANT			/ 1 1 2
NO				VIRGINIA	SHANN	ON -202	6 NORHURST
18.	124		CAUS	OF DEATH			INTERVAL BETWEEN
DISEA	SE OR CONDITION D	RECTLY					ONSET AND DEATH
	LEADING TO DEATH	1		ltiple trauma	tic injuri	Les	
he ort foilure,	not mean the mode of osthenio, etc. It mean mplication which caused	s the disease,	DUE TO				
	ANTECENDENT CAUS	= c					
DISEASES	OR CONDITIONS, IF	ANY, GIVING	(B).				
	IE ABOVE CAUSE (A) S NG CONDITION LAST.	TATING THE					
Z			(C)		•••••		
OTHER SIGNOTHER DISEASE OF TO THE DISEASE OF TOTHER SIGNOTHER SIGN	11	CONTRIBUTE	N.O.				
O THE	DEATH BUT NOT RE	LATED TO T					
DISEASE O	R CONDITION CAUSIN		WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 1208 IF VES	WERE FINDINGS	CONSIDERED
O DATE OF		FORMED	WHICH OFERATION	ar .		ING CAUSES OF	
ZIA. EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE	DID (If in Boltime	Yes ore City, give exoc	t location)
O UNDERLYING	OR CONTRIB-	home etc.)	e, form, foctory, street,	office bldg., INJURY OCC	UR?	,,	4
H H			Street	Wilki		and Prims	on Street
OF INJURY	(Month) (Doy) (Yes	0:45	TE. INJURY OCCURRED		D INJURY OCCUR	?	
(APPROX.)	1 20 16	5 P. m.	WORK NOT	WHILE Pedes	trian - St	nick by a	uto
22.	tify that I held on	nguiry	Inspection Au		an this basis, d		
	Ited fram: Natural co		Accident X Suicio			ned manner	
19501	irea fram: Natural Co	, ,	Accident L		AL EXAMINER	led mainter	
ACTUA	1 06	notes 1	for .				DATE SIGNED
SIGNAT		une 3.	M.C	ASSISTANT MEDICA			1-21-65
EXAMIN NAME (		LES S.	PETTY M.D.	ASSOCIATE MEDIC	AL EXAMINER		
23A. BURIAL CRE	MATION, 238. DATE		C. NAME OF CEMETERY	or CREMATORY	23D. LOCATION	(City, town.	or county) (Stote)
REMOVAL (Specif	AL 1-23	3-65:	SUNSET M	EM. CEM.	CLARK	SBURG	W. VA-
24A. DATE REC'D	BY HEALTH DEPT.	248, NAME	OF REGISTRAR	24C. FUNERAL DIR	ECTOR 2 KE	-11/50	ADDRESS

VS 151-REV, 1/1/65

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9	10
FUNERAL DIRECTOR: IMPORTANT	-
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	300 1

	CE OPPLA		BALTIMORE CITY	HEALTH DEPARTMENT		65 0774	
BIRTH NO.			CERTIFICA	TE OF DEATH	Registered No.	00 0774	
M.E. CAS	E NO. OF DECEASED			2. DATE AL	ND HOUR OF DEATH		
Type or P		do					
. PLACE	OF DEATH IN BALTIMORE MA			14. USUAL RESIDENCE (Whe	Jan 21/65	nstitution: residence before admission	
				A. STATE B. COUR	NTY	i in a	
	IAME OF (If not in hospital		give street	202 W. Mon	umet St.	n-01	
HOSPIT		n)		C. CITY OR TOWN (If ou		RURAL ond give township)	
				Baltimo	re Md.		
	Little S	Sisvers	of the Poor	D. STREET ADDRESS (If	rurol, give location		
			01 0MC 1001	I200 V	alley St.		
. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	7 Months Doys Hours Min.	
For	male White		D, DIVORCED (specify)	27 07 (700-	lost birthdoyl	Months Doys Hours Min.	
	L OCCUPATION (Give kind of wor	108, KIND OF	Single BUSINESS OR INDUSTRY	Nov. 21/1885	eign country)	12. CITIZEN OF	
	most of working life, even if retired)					WHAT COUNTRY?	
Ho	usework			Natrona	Penna.	U.S.A.	
3. FATHE	R'S NAME			14. MOTHER'S MAIDEN NA	ME		
	Goonge Toda						
. Wes D	Goerge Leda	rces?	1 6. SOCIAL	Mary Zimcos	vak	ADDRESS 1200	
	unknown) (II yes, give wor or dote		SECURITY NO.	all waters !		1200	
			212 30 2580	A Little Sist	tera of the	Poor Valley St.	
18.	120,11		CAUSE O			INTERVAL BETWEEN	
	DISEASE OR CONDITION DI	RECTLY		n		ONSET AND DEATH	
	LEADING TO DEATH		(1)	Levele m	represend	will	
	(This does not meon the mode of dying, e.g.,						
	heart failure, asthenia, etc. It means the disease,						
	ANTECEDENT CAUSES (8)						
D.65			DUE TO	0	, 1		
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the (C) Server of red arterios afficient						
	UNDERLYING CONDITION lost.						
	11		-				
OTHE	ER SIGNIFICANT CONDITIONS	ONTRIBUTIN	G				
TO	THE DEATH BUT NOT RELASE OR CONDITION CAUSING	ATED TO TH	E				
19A. D	ATE OF OPERATION 198. COM	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or N	ol 208. IF YES, WERE	FINDINGS CONSIDERED	
19A. D	WAS PER	FORMED			IN CERTIFYING CA	AUSES OF DEATH?	
21 A.	ACCIDENT WAS UNDERLYING	218	PLACE OF INJURY (e.a. i	n or obout 21 C. WHERE DID	(If in Boltimo	re City, give exact location)	
OR C	ONTRIBUTING CAUSE OF H (notify medical examiner)	hom etc.	ne, form, foctory, street, o	ffice bldg., INJURY OCCUR?			
U							
21 D. 1	NME (Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?		
(APPR		Wh	ile At Not While				
22 1					1064	Brus 131 1061	
	certify that (1) (this hospita		10.	01	140 10	196 J	
thot (	(I) (we) lost saw the deceas	ed alive on	Jan Sep	19 0 ond tl	hat in (my) (our) ap	Inion death occurred on the do	
and h	nour and from the causes sta	ted above. (	l) (We) (did) (did not)			8 P.M.	
23A. S	23A. SIGNATURE					238. DATE SIGNED	
4	Herley / L	2754447	M.D. Att	ending Med.	Stoff Phone	1.22.65	
23.0.0	HYSICIAN'S	7	Phy	23D. ADDRESS	Phys.		
230.1	IAME (Type)	6		ADDRESS			
	Stanley Ank	udas	M.D.	I802 W.	Baltimore N	Md. 21223	
	AL CREMATION, 1246. DATE	24C. N.	AME of CEMETERY OF CR	EMATORY Stanley		City, town, or county) (Stote)	
	oval (Specify) Irial I/2	5/65	Cathedral C	em.	Baltimo	te	
	I I A S			Λ			
IA N	E REC'D BY HEALTH DEPT.		OF REGISTRAR	250. FUNERAL DIRECTO	10.	ADDRESS JOH	
JAI	44 1300 ( Colet	E. Fon	Lieu M.D.	MIVINA	Luras	ms Ollans	
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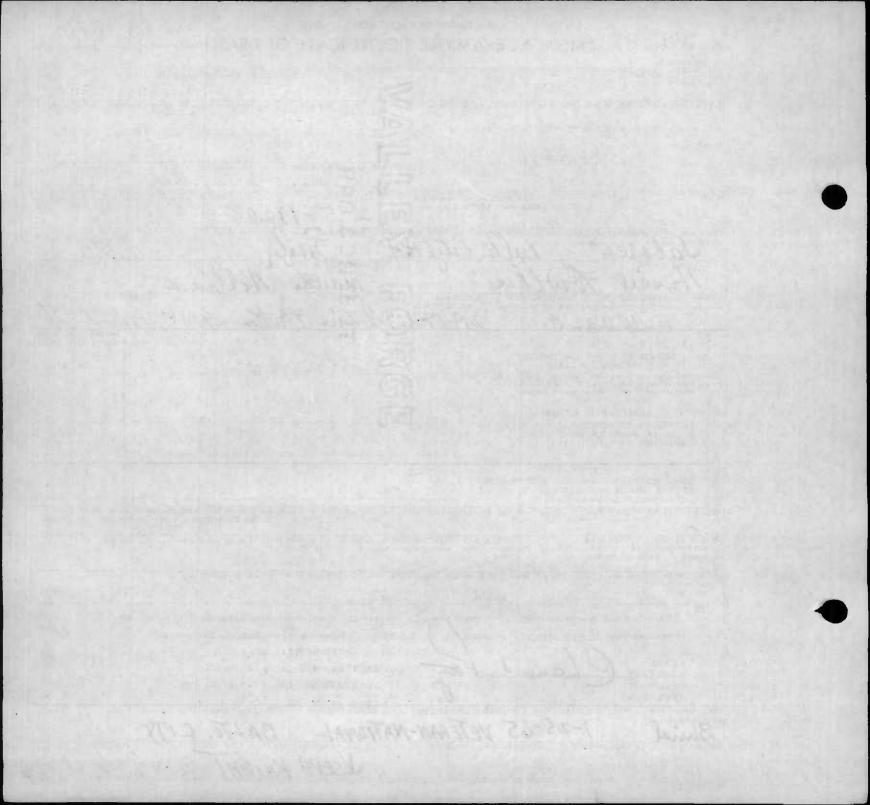
24C. FUNERAL DIRECTOR

ADDRESS

Burial

24A. DATE REC'D BY HEALTH DEPT.

B. NAME OF REGISTRAR



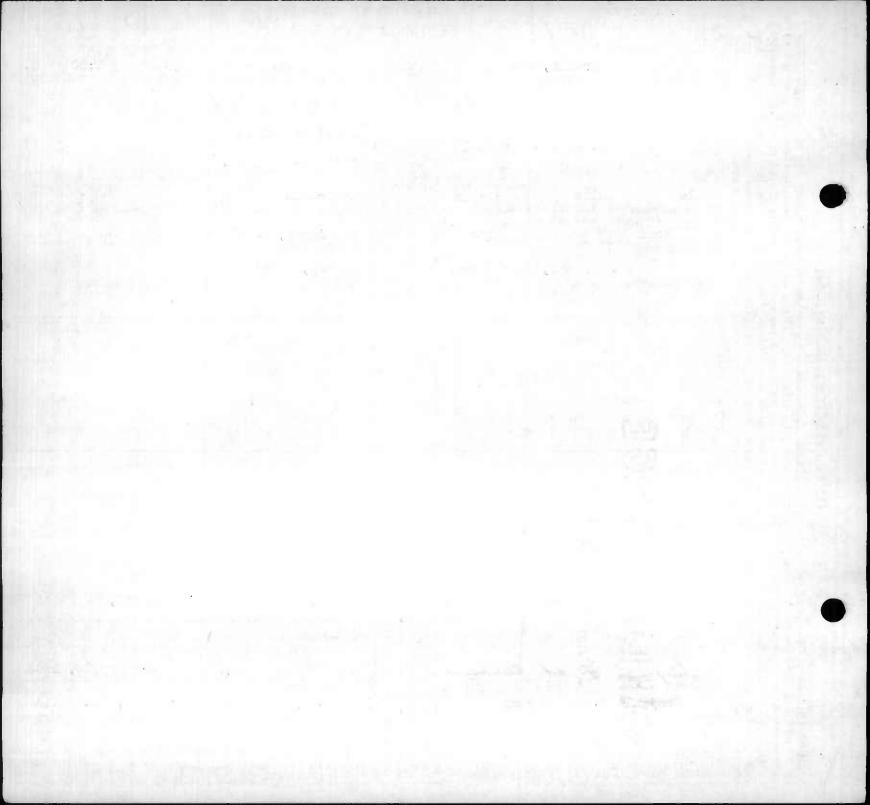
M.E. CASE NO. 65 0776 CERTIFICATE OF DEATH Registered No. 65	0776
(Type or Print) FRANCES C. GADDESS 2. DATE AND HOUR OF DEATH	10 10 A M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived, If institution; residence and state and state are stated as the state and stated are stated as the stated are st	dence before admission)
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION  C. CITY OR TOWN (If outside city limits, write RURAL and give	ive township)
THE HOSPITAL FOR THE WOMEN BALTIMORE, MARYLAND	
OF MARYLAND D. STREET ADDRESS (If rural, give location) 2442 MARYLAND AVE	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Wilder ) Months Do	Yr. If Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work 10B. KFND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN WHAT	OF COUNTRY?
Refixed CLERK-WHITELOCK BOOTERY BALTIMORE, MARGEMY J.S.	
JOHN BASCELL CADDESS MARGARET ANNE FOX-	
(Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	DDRESS
217-14-3638MARGARET A. GADDESS 2742MARI	TERVAL BETWEEN
	ISET AND DEATH
LEADING TO DEATH (A) Thomps broke in the parties of the control of	EVER 1
(This does not meon the made of dying, e.g., heart failure, asthenia, etc. It meons the disease,	
injuly of camplication which coused death.)	1-4-1
ANTECEDENT CAUSES  (B)  DUE TO	7.1.5
DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stoting the (C)	
UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CO. IN CERTIFYING CAUSES OF DEATH OF CONDITION CAUSES OF D	ONSIDERED ATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR?	xoct location)
21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While A! Not While	
Work At Work	15
22. I certify that (I) (this hospital) attended the deceased from 1-19 to 19 to 10 that (I) (we) lost saw the deceased alive an 10 fm 1-25 19 68 and that in (my) (aur) opinion death of the same of t	occurred on the dote
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.	
	SIGNED
ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.  23A. SIGNATURE  23B. DATE STATE STAT	SIGNED
ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.  23A. SIGNATURE  23B. DATE:  23C. PHYSICIAN'S NAME 17ybe)  23D. ADDRESS NAME 17ybe)  24A. BURIAL CREMATION. 124B. DATE  24G. NAME of CEMETERY OF CREMATORY  24D. 10CATION  (City, Inventor)	1 . 17, hy
ond hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death.  23A. SIGNATURE  23B. DATE :  23C. PHYSICIAN'S NAME Phys.  23D. ADDRESS NAME Phys.  A.D. Company  A.D.	1 . 17, hy

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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, Such written approval must be obtained before the remains are embalmed or final disposition is made.	1
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65	-01225		BALTIMORE CITY	HEALTH DEPARTMENT		65 0777 4
BIRTH NO.	65 0777		CERTIFICA	TE OF DEATH	Registered N	0. 00 0111
M.E. CASE NO.	CEASED				AND HOUR OF DEA	-11
(Type or Print)		Taba				
DI ACE OF D	Brooks,			Jan	uary 20, 196	
. PLACE OF D	EATH IN BALLMORE, MAR	TLAND		A. STATE B. CO	UNTY	f institution: residence before admission
FULL NAME	OF (If not in hospital a	r institution.	give street	Maryland		1-16
HOSPITAL OF			g		outside city limits, wri	te RURAL and give township)
Manifolion				Baltimore 2		
	St. Joseph	Hospi	tal	D. STREET ADDRESS	(If rural, give location)	
				2211 Portug	al St.	
- SEX	6. RACE	7. MARRIED	, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yı., If Under 24 Hr
Male	White	WIDOWE	ngle (specify)	1-20-1965	lost birthdoyl	Months Doys Hours Min.
	CUPATION (Give kind of work	108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	oreign country)	12. CITIZEN OF WHAT COUNTRY?
NOI	of working life, even il retired)	No	me	Pal+imona !	Manueland	WHAT COUNTRY:
3. FATHER'S NA		110	TIG.	Baltimore,		
o. IAIIIEN 3 IV						
	Brooks,	John J	oseph	Murphy, Pat	ricia	
5. Wos Deceos	ed Ever in U. S. Armed Force	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS
res, no oi unknov	wn) (If yes, give wor or dotes	of service)	SECURITY NO.			
18. 5	/ X		CAUSE O	FDEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION DIR	ECTLY				ONSET AND DEATH
0.02	LEADING TO DEATH		Prom	aturity		
(This does	nol meon the mode of	dying, e.g.,	DUE TO	a our roy		***************************************
	e, osthenio, etc. It meons omplication which coused		,			
injuly of co		deom,	(B)			
	ANTECEDENT CAUSES		DUE TO			
	OR CONDITIONS, if					
	the obove couse (A)	sloling ine	(C)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	***************************************	
	11					
Z OTHER SIG	NIFICANT CONDITIONS CO	NTRIBITIN	G			
E TO THE	DEATH BUT NOT RELAT	TED TO TH				
	R CONDITION CAUSING IT OF OPERATION 198. CONE		WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. JE VES WE	RE EINDINGS CONSIDERED
19A. DATE O	WAS PERF		WHICH OFERATION		IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21 A. ACCID	ENT WAS UNDERLYING	216	BIACE OF INITION/a - :-	No	/12 (m. P-44)	mans City sive asset to See
OR CONTRI	BUTING CAUSE OF	hon etc.	B. PLACE OF INJURY (e.g., in me, farm, foctory, street, of .)	fice bldg., INJURY OCCUR	(It in Bollar	nore City, give exect locotion)
0 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
OF INJURY			hile At Not While			
		Wo				
22. I certif	fy that (I) (this hospital)	attended t	the deceased from Jar	uary 20,	1965 to Jar	nuary 20, 1965
	e) lost sow the decease			0.5	that In (my) (our)	opfnion deoth occurred on the do
	nd from the causes state	eu opove. (	i) (me) (aid) (dld not) v	lew the body offer deof	n.	
23A. SIGNAT	OKE			r. # =	238. DATE SIGNED	
Berja	amin U. del	Car	M.D. Atte	nding Med. Director	Stoff Phys.	January 20, 1965
23C. PHYSIC	IAN'S			23D. ADDRESS		
Ben -	jamin V. del Ca	rmen	M.D.	1400 N. Carol	ine St. Ba	ltimore, Md. 21213
			A BT A PROCE	MV DO LDD		AINERI
REMOVAL		400K	AME of CENTERY OF CHE	MAIDRIDU HELEKAD	ULD CATIONI II I L	(Ch) have, or county) (Stote)
	JAN 21	1900	TIMITATE T	CITY MEDI	CAL SCHO	OI.
25A. DATE REC'	D BY HEALTH DEPT.	25B, NAME	OF REGISTRAN	250 UNERAL DIREC	OR SCHO	ADDRESS
JAN 2	- 400E A	E. Fa	A	MORTHA	RV CEDIN	CE DOWN
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/S 150-REV. 1/1	/85					



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BALTIMORE CITY HEALTH DEPARTMENT 65-01190 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) January 18, Baby - Griffin 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY Maryland FULL NAME OF (If not in hospital or institution, give sheet HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give INSTITUTION Provident Hospital 1514 Division Street D. STREET ADDRESS (If rurol, give location) Baltimore 17, Maryland 4512 Fairfax Rd. 7. MARRIED, NEVER MARRIED S. SEX 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. ma Months Doys WIDOWED, DIVORCED (specify) lost birthdoy Female single January 17, 1965 Negro 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) None Maryland None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Griffin Barbara Thompson 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 16. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) Barbara Griffin, mother- 4512 Fairfax Rd. CAUSE OF DEATH 0 DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (A) Acute Respiratory Distress Syn-(This does not meon the mode of dying, e.g., embal heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) Prematurity ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the before the remains UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFIC 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF (If in Baltimore City, give exact lacation) MEDICAL DEATH (notify medical examine) etc.) be obtained (Month) (Doy) (Year) (Hout) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from anuary January that (I) (we) lost sow the deceased alive on January ond that in (my) (our) opinion death accurred on the date must and hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE Attending Med. Stoff Phys. X Director \_ approval Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Vincent R. Blake

If Under 24 Hrs. Hours Min.

Hours

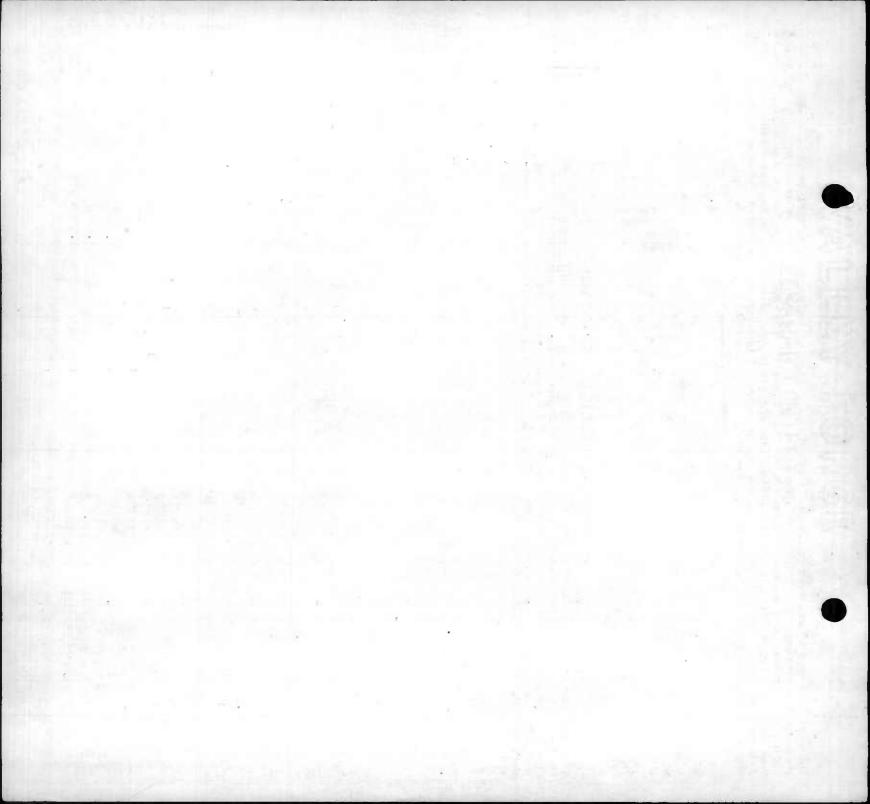
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ADDRESS

INTERVAL BETWEEN

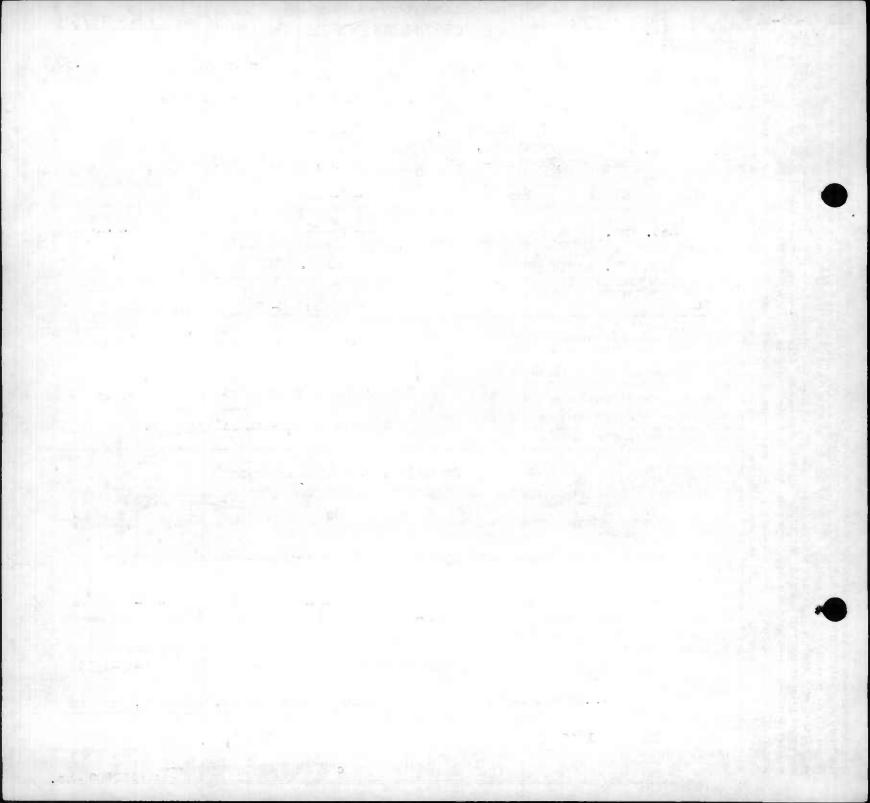
ONSET AND DEATH

23B, DATE SIGNED January 18, 1965 Division St. - Baltimore, Maryland 24A. BURIAL CREMATION. DATE REMOVAL (Specify) 258. NAME OF REGISTRAR ADDRESS VS 150-REV. 1/1/65

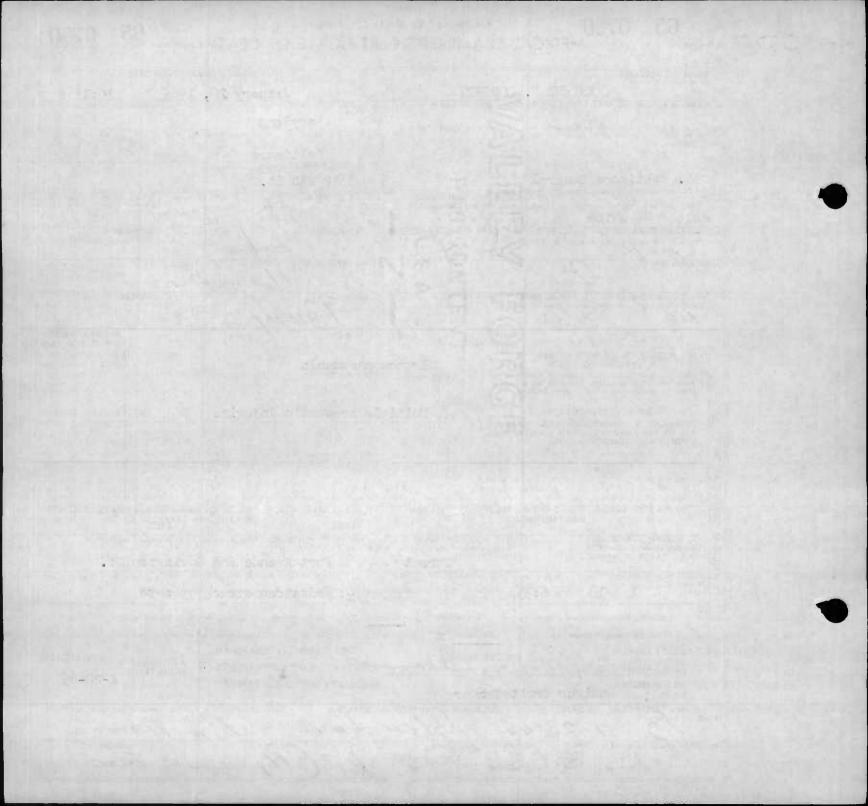


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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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		liam (	Copper	2. DATE	1-19-1965	7.30 P
			nive Street	4. USUAL RESIDENCE (W. A. STATE B. CO Maryland	here deceased lived. If it	
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ale	6. RACE White	Marrie	o, DIVORCED (specify)	7-23-1888	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths: Doys Hours Min.
during most of	working life, even if retired)	k 10B, KIND OF	BUSINESS OR INDUSTRY	Maryland	areign country)	12. CITIZEN OF WHAT COUNTRY?
s, no ar unkna wr	Ever in U. S. Armed Fail (If yes, give war or date	rces? es al service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	/O/O Festom	ADDRESS
18. 🖘 🗆	1 V I		CAUSE O		4740 Bastern	INTERVAL BETWEEN
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heort failure, injury or con	osthema, etc. II meons application which caused	the disease, death.)	(B) Cere	brovascular Ac	cident	2½ years
DISFASES OR CONDITIONS if any giving					Generalized	
TO THE D	EATH BUT NOT RELA	ATED TO TH		ortic Arch Ane	ourysm	
	OPERATION 198. CON	IDITION FOR V	WHICH OPERATION		No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBI	JTING CAUSE OF	hom	e, form, factory, street, a	n or about 21C. WHERE DID	(If in Boltimor	e City, give exact lacation)
21 D. TIME OF INJURY (APPROX.)	(Manth) (Doy) (Year)	Whi	ile At Nat Whil	e	NJURY OCCUR?	
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ond haur on	d from the causes sto					
23A. SIGNATU	an.	Caal	M.D. Atte	ending Med.	Stoff Phys.	1-19-1965
23C. PHYSICIA NAME (1	vne)			23D. ADDRESS		more, Maryland
REMOVAL	Specify)			EMATORY 24D	LOCATION (C	ity, town, or county) (State)
DATE REC'D				25C. FUNERAL DIRECT		ADDRESS
	EX  ALE  OSPITAL OCCIDENT  FATHERS NAME  CHOSPITAL OCCIDENT  STATHERS NAME  CHOSPITAL OCCIDENT  FATHERS NAME  CHOSPITAL  CHOSPIT	CASE NO.  AME OF DECEASED e or Print)  WILL NAME OF OSPITAL OR NSTITUTION  Baltimore OF OSPITAL OR NSTITUTION  EX OF TAKE OF OSPITAL OR NOT SELECT OR OSPITAL	CASE NO.  AME OF DECEASED e or Print)  LACE OF DEATH IN BALTIMORE, MARYLAND  ULL NAME OF OSPITAL OR NSTITUTION  Baltimore City Hosp oddress or location)  Baltimore City Hosp A940 Eastern Avenue Baltimore, Maryland.  EX 6. RACE White Marria  EX 6. RACE White Marria  USUAL OCCUPATION (Give kind of work 108. KIND OF a during most of working life, even if retired)  Ret. Eng.  FATHER'S NAME  GEORGE V. COOPER  Was Deceased Ever in U. S. Armed Forces?  Inco or unknown) (If yes, give wor or dates of service)  NO  18.  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, osthema, etc., It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.  11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR VERY OF INJURY  (APPROX.)  21A. ACCIDENT WAS UNDERLYING hord (Hour)  21A. ACCIDENT WAS UNDERLYING CONDITIONS CONTRIBUTION FOR VERY OF INJURY  (APPROX.)  21B. (Month) (Doy) (Year) (Hour)  21C. PITIME (Month) (Doy) (Year) (Hour)  21A. SIGNATURE  Dr. Robert Cooke  BURIAL CREMATION, 248. DATE 24C. N./  REMOVAL (Specify)  BURIAL CREMATION, 248. DATE 24C. N./  REMOVAL (Specify)  BURIAL CREMATION, 248. DATE 24C. N./  BURIAL CREMATION, 248. DATE 24C. N./	CERTIFICA  CASE NO.  AME OF DECEASED or Print)  William Copper  LACE OF DEATH IN BALTIMORE, MARYLAND  ULL NAME OF Oddress or locotion)  Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore Maryland—21224  EX 6. RACE	AME OF DECEASED  of Pand ME OF DECEASED  ULL NAME OF Office of the hospital or institution, give sheet odders or of tection.  Baltimore City Hospitals,  4940 Eastern Avenue,  Baltimore JMaryland—21224  EN	H NO. 65 0779  CERTIFICATE OF DEATH Registered No. CASE NO. 1779  William Copper  William Copper  J. Date and Hour of Death ALCE OF DEATH IN SALTIMORE MARKAND  ULL NAME Of (If not in hospitel or institution, give sheet of Coppilat OR STREET ADDRESS (If not), giving in the United City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland-21224  EX



-	OF DECEASED	-		2. DATE AN	HOUR PRONOUNCE	DEAD
(Type or F	Print)	RTHUR N. DOU	GHTY		ery 20, 1965	170.75 0 4
3. PLACE	IN BALTIMORE, MARY			4. USUAL RESIDENCE (Where	deceased lived. If institu	otion: residence before admission
FULL NA		N HOSPITAL OR INSTITU	UTION, GIVE STREET	C. CITY OR TOWN (If outside	comparate limits, write	RURAL and give township)
HOSPITAL	ON ADDRESS	OR LOCATION)		Baltimore		5-04
				D. STREET ADDRESS (If rural,		
	. Baltimore			3612 9th St.		
5. SEX	6. RACE	WIDO WED,	DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	Manths Days Hours Min.
mal			BUSINESS OR INDUSTR	YIII. BIRTHPLACE (Stote or Greig	66 n géuntry)	12. CITIZEN OF
	most of working life, even		614.	leo	1.	WHAT COUNTRY?
3. FATHE	R'S NAME	2	-,-	14. MOTHER'S MAIDEN NAME		
	0	Tea.		C/M	(Kuowy	
	unknown) (If yes, give w		16. SO CIAL SECURITY NO.	17. INFORMANT	1/	ADDRESS
K	10			f Amily	- 981	nE
18.	E812141		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
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(Th	is does not mean the	made of dying, e.g., It means the disease,				
inju	ury ar camplication which	h caused death.)				
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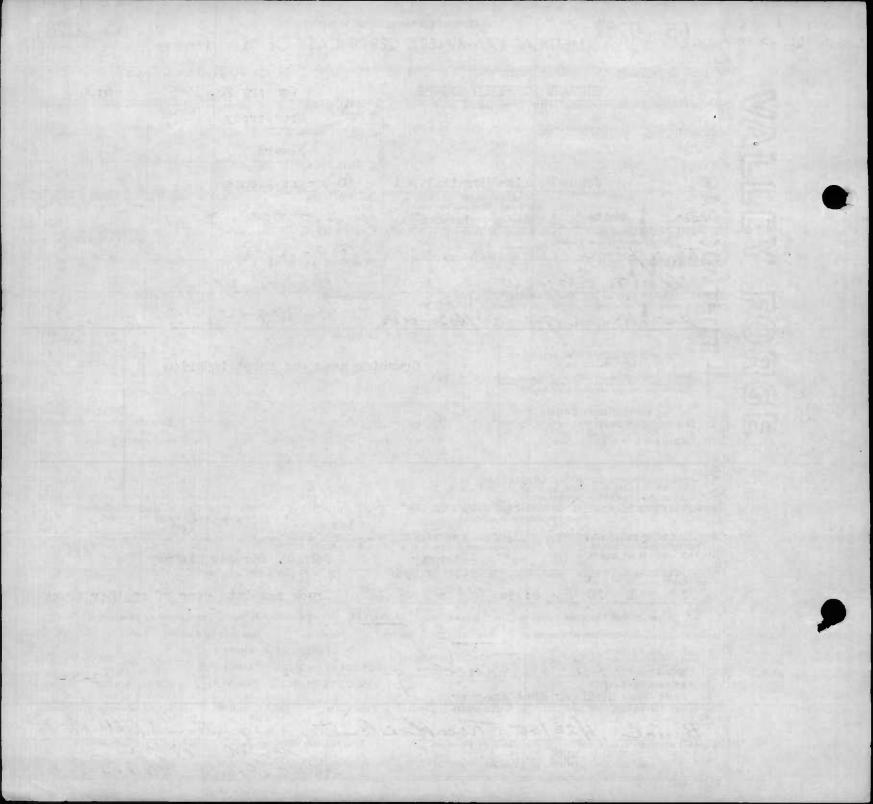


24B, NAME OF REGISERAR

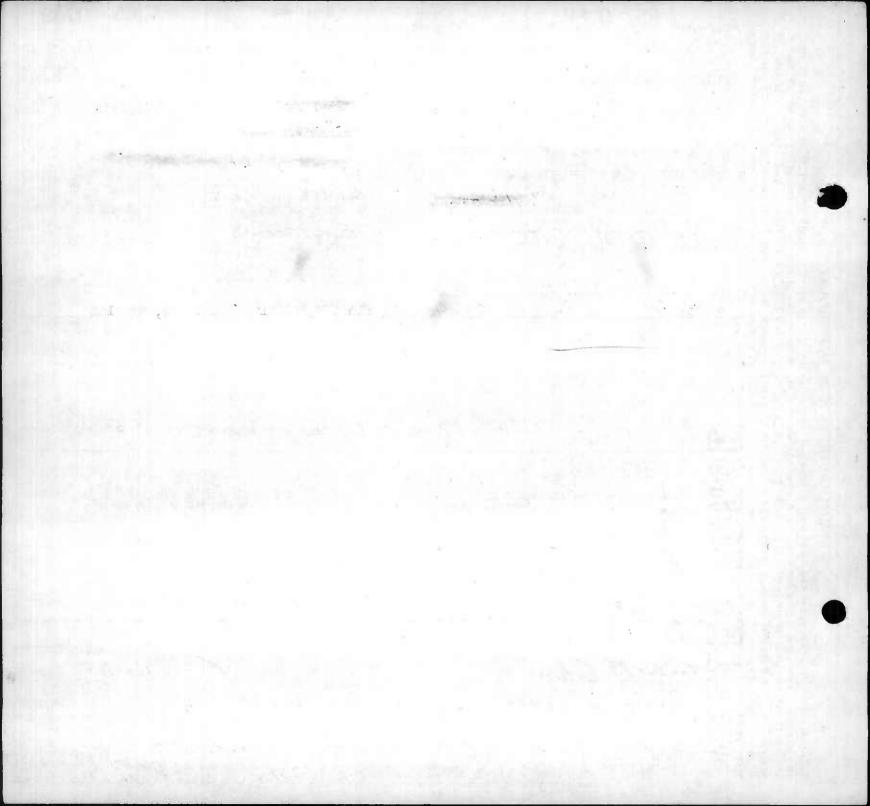
24C. FUNERAL DIRECTOR

24A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/65



65 0782	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 0782			
BIRTH NO.	CERTIFICA	ATE OF DEATH	Registered Na.				
M.E. CASE NO.			ND HOUR OF DEATH				
	SETTYann		ANUARY 19	1 14			
PLACE OF DEATH IN BALTIMORE MARYL				nstitution: residence before admission			
		A. STATE 8. COU		maintain learness belove duras sig			
FULL NAME OF (If not in hospital or i	nstitution, give street	XXXXXXXX		Virginia			
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If a	outside city limits, write	RURAL and give township)			
		~XXXXXXXXX	1	Oak Grove			
SINAI HOSPITAL OF	BALTIMEKE, INC.	D. STREET ADDRESS	Il rurol, give location)	11 - 1 -			
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. SEX   6. RACE   7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. , If Under 24 H			
FW	WIDOWED DIVORCED (specify)	2/11/19	lost birthdoy)	Months Doys Hours Min.			
DA. USUAL OCCUPATION (Give kind of work 10	B. KIND OF BUSINESS OR INDUSTI		teigo soupley)	12. CITIZEN OF			
one during most of working life, even if retired)	KIND OF BOSHIESS OF INDOST	III. BIKITI LACE (SIDIE OF 10	reign country)	WHAT COUNTRY?			
SEAMSTRESS 7	EXTILE MILLS	EALIFOR	NIA	USA			
3. FATHER'S NAM		14. MOTHER'S MAIDEN N.	AME				
3000							
Gordon	114		prothy	400000			
es, no or unknown) (If yes, give wor or dotes o	f service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
mary 2 mg	227-46-313	Sinai Hospita	1 Bastimot	e Martland			
118.		OF DEATH	T Day or mov.	INTERVAL BETWEEN			
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njury ar camplication which coused deeth.)							
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OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	O TO THE						
	NONE						
	MED THATHECTOMY	20A. AUTOPSY? (Yes or )	IN CERTIFYING CA	FINDINGS CONSIDERED			
1/19/65 BSTRUCT	IVE AIRWAY PISEASE						
	21 B. PLACE OF INJURY (e.g.	in or obout 21 C. WHERE DID	(If in Boltimo	re City, give exoct locotion)			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, loctory, street,	office bldg., INJURY OCCUR?					
)	4- A 015 AND	015					
21D. TIME (Month) (Doy) (Year)		21 F. HOW DID IN	NJURY OCCUR?				
(APPROX.)	While At At Wo	nile hile	-				
22. I certify that (this haspital) a			1965 to 21	TRAILBAY 10 CF			
that (We) lost saw the deceased	Ilve on ALDARY	19 <u>G</u> 5 ond 1	that in (our) op	Inlan death accurred an the d			
ond hour and from the couses stoted	obove. (We) (did) (diamer)	view the body ofter death					
23A. SIGNATURE				23B, DATE SIGNED			
Bons M T.	M.D. A	ttending Med.	Stoff Phys.	1/21/65			
23C. PHYSICIANS	P	23D. ADDRESS	rnys, 🖃	17, -1, 70			
23C. PHYSICIAN'S NAME (Type)	. = 1/	C. ADDRESS	16				
BARRY M. ECH	LEN M.C	· Sina Hapi	tal				
4A. BURIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF C	REMATORY 24D.	LOCATION (C	City, town, or county) (State			
REMOVAL (Specify)	010	1 +	7 1 01	- 11.			
Removal 1/21/65	Out & nov	comeley (	as Ino	ve, Ua.			
	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	O R	nalty modi 21			
JAN 22 1965 R	Lead E. Jakeu Mill	wm. 1 Juch	ner & 8 mg	noth & Palare			
'S 150-REV. 1/1/65			1	TANKE TO THE TANKE			



## contributing (4) Undetermined regular eceased = ō Was IMPORTANT assistant death LO attendance any pronounced or his fracture of the chief medical examiner 9 FUNERAL DIRECTOR: 5 who 4 physician medical MO Idn Body 0 (7) to the hospital °Z any nature; approved (except An accident of death) hospital the body was released

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cause; (5) Deceased

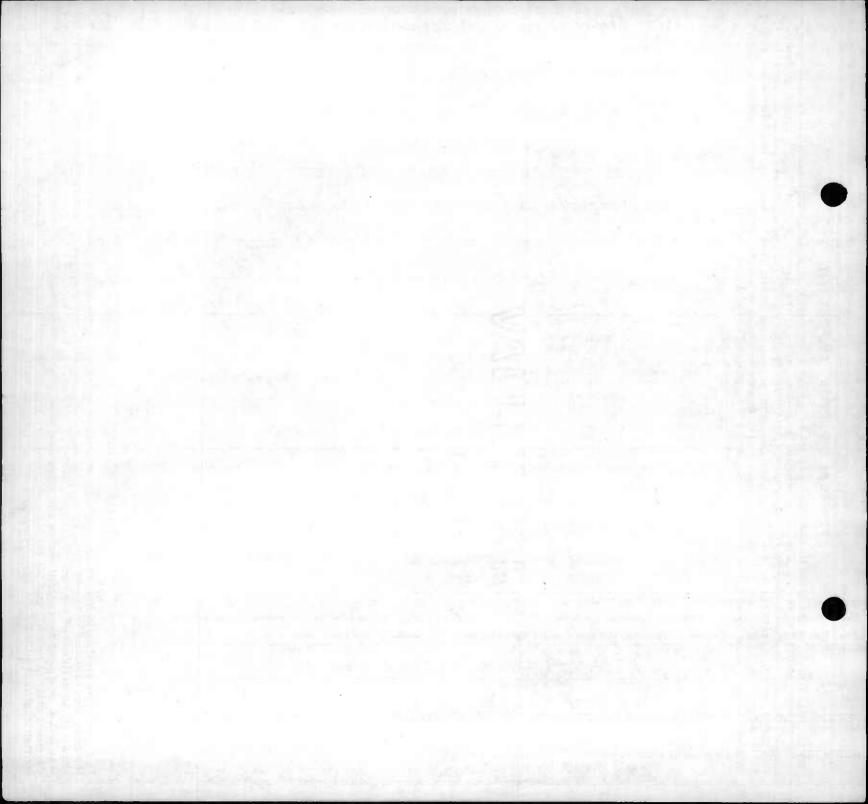
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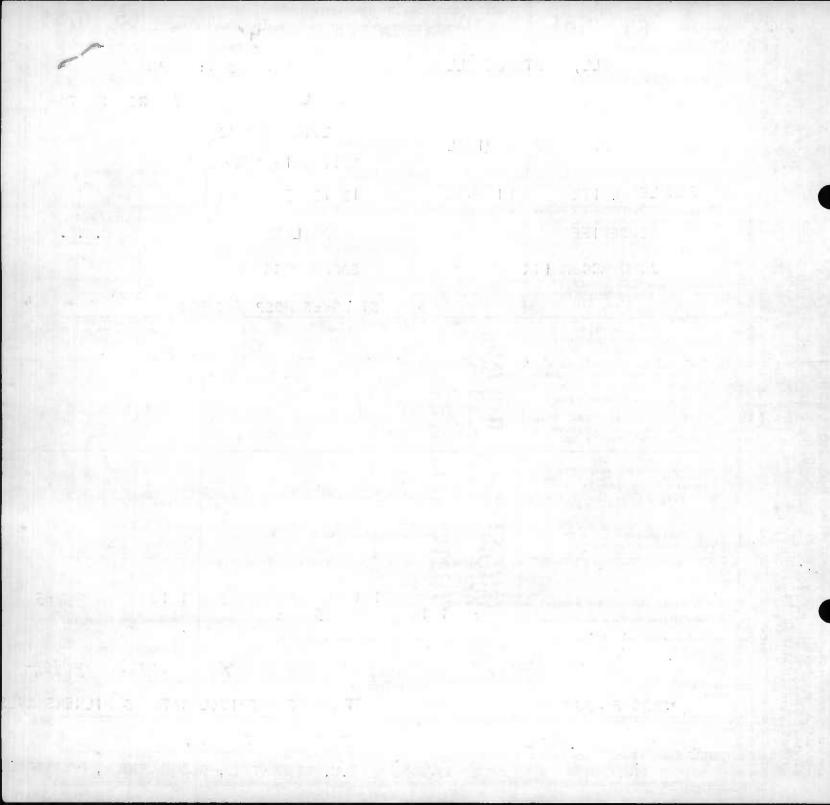
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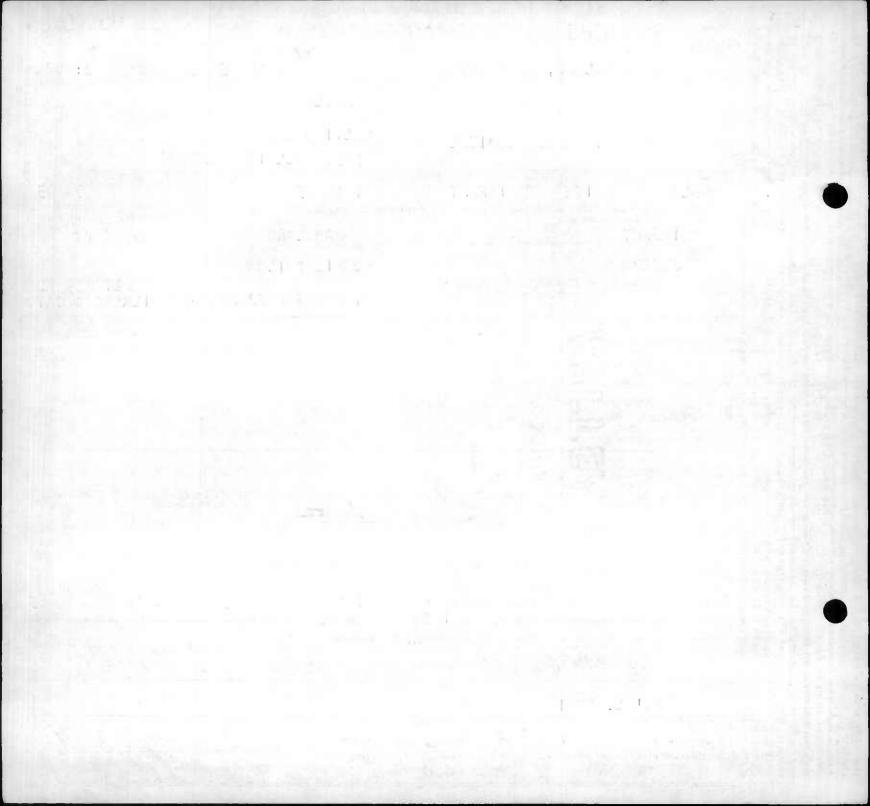
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased If institution; residence before admission lived. COUNTY A. STATE FULL NAME OF HOSPITAL OR INSTITUTION (If outside city limits, write RURAL and give township) (If not in hospital or institution, give street oddress or location) 626 Wildwood - Packway give location) mad 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 24 Hrs. Hours Min. 5. SEX 6. RACE If Under 1 Yr. WIDOWED, DIVORCED (specify) Hours OCCUPATION (Give kind of work 0 12. CITIZEN OF WHAT COUNTRY? OF BUSINESS LACE (State or foreign country) disposition done during most of working life, even if retired) 1 ALT 2 MOR 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. Was Deceated Ever in U. S. Armed Forces?
(Yes, no ar unknown) (If yes, give war or dates of service) ADDRESS 6. SOCIAL SECURITY NO. 9 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, heart foilure, osthenio, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. the remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc. MEDIC brained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (1) (this hospital) ottended the deceased fram. JAN that (1) (we) last sow the deceased alive on.... and that in (my) (sur) opinion death occurred on the date and hour and from the couses stated above. (1) (We) (dld) (did not) view the body after death. must 23A. SIGNATUR 23B. DATE SIGNED Attending Phys. Med. M.D. Director 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) M.D. 2122 24A. BURIAL CREMATION 240. NAME OF CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specily) decease 226 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65



		BALTIMORE CIT	Y HEALTH DEPARTMENT	CE OMOA
1	н но. 65 0784	CERTIFICA	TE OF DEATH Registe	red No. 65 0784
1. N	CASE NO.		2. DATE AND HOUR OF	
		RTRUDE ELLEN	1 18 65 1	
	LACE OF DEATH IN BALTIMORE, MA	RYLAND or institution, give street	A. STATE B. COUNTY	SALTIMORE COUNTY
H	OSPITAL OR oddress or locotion		C. CITY OR TOWN (If outside city limit BALTIMORE 21227	
	ST AGNE	S HOSPITAL	D. STREET ADDRESS (If rurol, give loc 2911 OHIO AVENUE	cotion)
5. S	EX 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In y	eors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
.03	FEMALE WHITE	WIDOWED (specify)	12 12 83   lost bighdoyl	
	during most of working life, even it retired) HOUSEWIFE	OWN HOME	MARYLAND	12. CITIZEN OF WHAT COUNTRY?
13. [	ATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	JOHN MCCORMI		SARAH RECKORD	
	Vos Deceosed Ever in U. S. Armed For no or unknown) (If yes, give wor or dote		MRS FRANCES KESTLER ST AGNES HOSP RECO	(daughter) SAME AS #4
-	ND ////////		OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which caused ANTECEDENT CAUSES	dying, e.g., the disease, death.)	ndio-vasculan a Hy perteusin	CCIU.
	DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last.		· ·	
ATION	OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	TED TO THE		
	19A. DATE OF OPERATION 19B. CON WAS PERF	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YE IN CERTIF	S. WERE FINDINGS CONSIDERED YING CAUSES OF DEATH?
U	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in office bldgs, INJURY OCCUR?	Boltimore City, give exoct location)
ā	21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	While At Not Wh	21 F. HOW DID INJURY OCCUR	?
	22 1 (1) (1) 1		1 1 65	1 18 19 65
	22. I certify that (1) (this hospital	1 18	65	
	that (I) (we) last saw the decease	d alive an	19 03 and that in (my) (	aur) apinian death accurred an the date
1 3	and have and from the causes stat	red abave. (1) (We) (did) (did nat)	view the bady after death.	
	23A. SIGNATURE	R:		23B. DATE SIGNED
	F-ev-40 V-	Jer O M.D. Al	ys. Director Stoff Phys.	Jan, 18, 1965
	PEDRO F BAJO	M.D	23D. ADDRESS ST AGNES HOSPITAL	9
24A	BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY or C		(City, town, or county) (State)
	BURIAL JAN. 22/	65 LOUDON PARK	CEMETERY BALTIMORE	, MARYLAND
25A	JAN 25 1965	25B. NAME OF REGISTRAR  P. Dr. & E. Forley M.D.	25C. FUNERAL DIRECTOR	GLEN BURNIE , MARYLAN (
VS	50-REV. 1/1/65			



65-0:2096	BALTIMORE CIT	Y HEALTH DEPARTMENT					
BIRTH NO. 65 0785	CERTIFICA	ATE OF DEATH	Registered Na.	65 0785			
M.E. CASE NO.  1. NAME OF DECEASED			HOUR OF DEATH				
(Type or Print) HOLMAN. B	BABY BOY	1 2	0 65	2:40P M.			
3. PLACE OF DEATH IN BALTIMORE, MARYLA		4. USUAL RESIDENCE (Where	deceased lived. If in	nstitution: residence before admission)			
		MARYLAND		75-42			
FULL NAME OF (If not in hospital or in: HOSPITAL OR oddress or location)	stitution, give street	C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
INSTITUTION		BALTIMORE					
ST AGNES	HOSPITAL	D. STREET ADDRESS (If re	urol, give location)				
		3031 MALLVI	EW ROAD				
5. SEX   6. RACE   7. A		. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Days House Mis.				
MALE WHITE	VIDOWED FOLY PREED (specify)	1 20 65	ost birthdoyl	7 45			
10A, USUAL OCCUPATION (Give kind of work 10B,	KIND OF BUSINESS OR INDUSTI	IY 11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF			
done during most of working life, even if retired)		MADVI AND		WHAT COUNTRY?			
INFANT		MARYLAND  14. MOTHER'S MAIDEN NAME					
JOSEPH M		BONNIE SHILO					
	11/ 20 =: **						
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of	service) 1 6. SOCIAL SECURITY NO.	ST AGNES HOS	D DECORDS	BANDPRESS 29 MD			
		ST AGNES HOS	r KECOKDS	WILKENS & CATON			
18. 77.51	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECT	LY	2 + W	2 1 1 1	ONSET AND DEATH			
LEADING TO DEATH	(A)	ongestore de	ar Jack	NO.			
(This does not mean the made of dyin heart failure, asthenia, etc. It means the	disease,		V				
injury at complication which caused deal	th.)	mature t.					
ANTECEDENT CAUSES	DUE TO						
	DISEASES OR CONDITIONS, if any, giving						
UNDERLYING CONDITION last.	rise to the above cause (A) stating the (C) UNDERLYING CONDITION last,						
II .							
OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING						
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE						
194. DATE OF OPERATION 198. CONDITION WAS PERFORM		20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED			
		No ***					
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g. home, lorm, factory, street,	office bldg., INJURY OCCUR?	(If in Boltimor	re City, give exact location)			
DEATH (notily medical exominer)	etc.)	•					
O 21D. TIME (Month) (Doy) (Year) (He	our 21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?				
OF INJURY (APPROX.)	While At Not W						
	Work L At Wo		- 65	1 20 19 65			
22. I certify that (I) (this haspital) at			9 65 to	and the control of the control of the control of the state of the stat			
that (1) (we) last sow the deceased al	Ive an1_20	19ond tha	t in(my) (aur) opl	Inlon death occurred an the date			
and hour and fram the causes stated a	ibave. (1) (We) (did) (dix )6)4	view the bady after death.					
23A. SIGNATURE	1			23 B. DATE SIGNED			
te 2. Un	Um M.D. A	ttending Med. hys. Director	Stoff Phys.	1/20/65			
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		1 1			
FEI L. RUBIN	M.E	D.					
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of C	REMATORY 24D. LO	CATION (C	ity, town, or county) (State)			
VI 0 1.1451/4	Balting	mother B.	attine.	Maria			
25A, DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C TENERAL DIRECTOR	aumow,	Many Laster.			
IAN 25 1965 (C)	O. R. E. Fallen M.A.	25C THINERAL DIRECTOR	2	108 0.00			
שווי סטנו של זוחנ	Carr as assay	(pukwee &	nc. 1328 of	whether ofpring ya.			
VS 150-REV. 1/1/65				, , ,			



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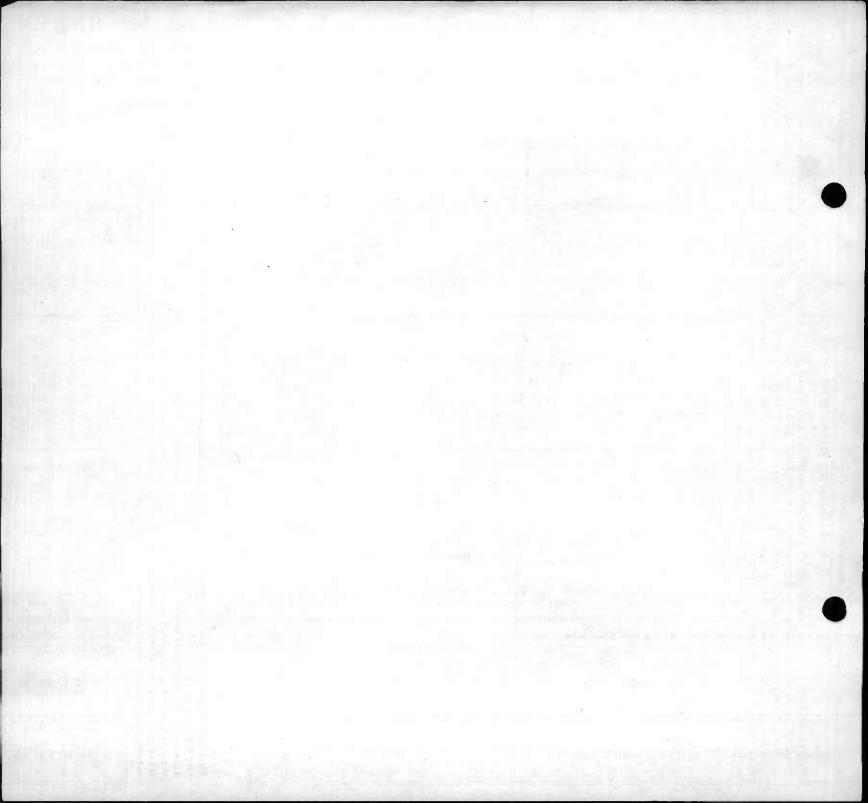
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attend

a hospital

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAN eath. 4. USUAL RESIDENCE (Where deceased livad. If institution: residence before admission) B. COUNTY MARYLAND ALTIMORE, FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or tocotion) C. CITY OR TOWN (If outside city limits, write RURAL and give township INSTITUTION MARYLAND BALTIMORE Keswick HONE prior D. STREET ADDRESS (tf rurel, give location) BBE 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. Months Days Hours WIDOWED, DIVORCED (spacify) last birthday FEMALE WHITE WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) BALTIMORE, MD ispositio U.S.A HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MAHR DEITZ, 15. Was Deceased Ever in U. S. Armed Farces? (Yes,na ar unknown) (II yes, give war or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL final SECURITY NO. 1 B. CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which caused death,) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the the remains UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, larm, factory, street, office bldg., INJURY OCCUR? (If in Boltimora City, giva exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) obtained 21 D. TIME OF INJURY (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At-Not While (APPROX.) Wark At Work 22. I certify that (I) (this haspital) attended the deceased from would 23 that (1) (we) last sow the deceased alive on ond that in (my) (our) opinion death occurred on the date and haur and from the couses stated above. (1) (We) (did) (did not) view the body after death. must 23A, SIGNATURE 23B. DATE SIGNED Attending Staff Phys. approval 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS W. Grafton Hersperger deceased written ap 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (State) (City, town, or county) REMOVAL (Specify)

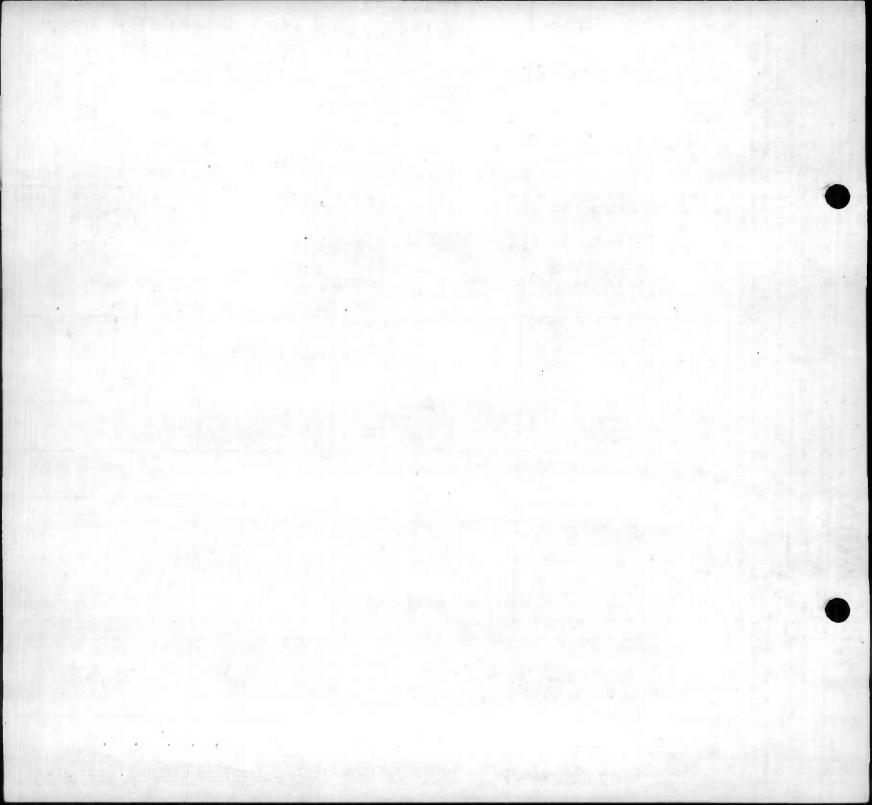
RKWOUD CEMETERY 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTO VS 150-REV. 1/1/65



## FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner of his if it death occurred in a hospital and

	611	240174	BALTIMORE CITY	Y HEALTH DEPARTMENT		El tra
	GO C	787	CERTIFICA	TE OF DEATH	Registered Na.	65 9787
1. N	AME OF DECEASED  OF OF Print)  Kulick	e, Ado	loh L.	2. DATE	AND HOUR OF DEATH	730 M.
3. F	LACE OF DEATH IN BALTIM	OKE MARYLAND		4. USUAL RESIDENCE (VA. STATE B. CO	here deceased lived. II	institution: residence before edmission)
}	FULL NAME OF (If net in HOSPITAL OR Oddress NATITUTION	hespitel er institut or tocotion)	ien, give street	Maryland c. CITY OR TOWN (II	eulside city limits, write	RORAL end give tewnship)
	Franklin S.	a Ho.	yp	Baltimore D. STREET ADDRESS	(If rurel, give location)	
			<b>b</b>	1213 Rivers		
5, 5	MW	WIDO	RIED, NEVER MARRIED WED, DIVORCED (specify)	May 19, 1914	9. AGE (In years lost birthdoy)	If Under 1 Yr. ) If Under 24 Hrs. Menths Deys Hours Min.
	. USUAL OCCUPATION (Give kine during mest of working life, even	il retired)	onstruction	Pa.	oreign ceuntry)	12. CITIZEN OF WHAT COUNTRY?  U.S. A.
13.	FATHERS NAME		0210040000001	14. MOTHER'S MAIDEN	NAME	
	Adolph Ku	lick		Amelia	Asman	
15. (Yes	Was Deceased Ever in U. S. A s,ne or unknown)(If yes, give w		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			Mrs. LaVerne	Kulick 1213	Riverside Ave.
	18. 3 3 1 X I			OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION		P	exebral h	Cumal ca	onser and beam
	LEADING TO		e.g., DUE TO	encount 1	emor judg	
	hear) failuse, ashenia, etc. It means the disease, injury or camplication which ceused death.)					
ANTECEDENT CAUSES (B)					V	mm sammanad es a a a a a seco successivé à s sérvic à s sérvic à d'Adapada (1990 900 900 900 900 900 900 900 900 900
	DISEASES OR CONDITIONS, if any, giving					
	rise to the abave cau	ise (A) sleling		QUII (***********************************	00 00 <b>00 00 00 00 0</b> 0 00 00 00 00 00 00 00 00	600 0 46646 <b>0 0</b> 00 00 00 00 00 00 00 00 00 00 00 00
	UNDERLYING CONDITION	lasi.				
ATION	OTHER SIGNIFICANT COND TO THE DEATH BUT N DISEASE OR CONDITION CA	OT RELATED TO	JTING THE			
19A. DATE OF OPERATION 19B. CONDITION FOR WHI			OR WHICH OPERATION	WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA		FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	OR CONTRIBUTING CAUSE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimere City, gave exect locohon)  OR CONTRIBUTING CAUSE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimere City, gave exect locohon)  Home, lorm, lectery, street, effice bldgs, INJURY OCCUR?					ere City, give exect locotion)
MEDI	21D. TIME (Menth) (Doy) (Yeer) (Heur) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At We			ile 🖳	INJURY OCCUR?	
	22. I certify that (I) (this	hospital) attend	ed the deceased from	\$20 C C C C C C C C C C C C C C C C C C C	19to	19
	that (I) (we) lost sow the	deceased olive	on	19ond	that in (my) (our) or	pinion death occurred on the date
	and hour and from the cou	ises stated abov	e. (1) (We) (did) (dld not)	view the body ofter dec	th.	
	23A. SIGNATURE	. /	4/		/	23B. DATE SIGNED
	12161	ng Kov	M.D. At	ys. Med. Director	Stoff Phys.	1/23/65
	23C. PHYSICIAM'S NAME (Type)	a KED	Kim M.D	23D. ADDRESS		
24/	A. BURIAL CREMATION, 24B.	PATE 24	C. NAME el CEMETERY er C	REMATORY 240	LOCATION (	City, town, or county) (Stote)
	Burial 1	26 65	Cedar Hill	B:	rooklyn, A. A	. Co. Md.
25/	JAN 25	1965 P. C.	of E. Farley M.A	Mc Cully I	nerallHome	130 E. Fort Ave
VS	150-REV. 1/1/65					

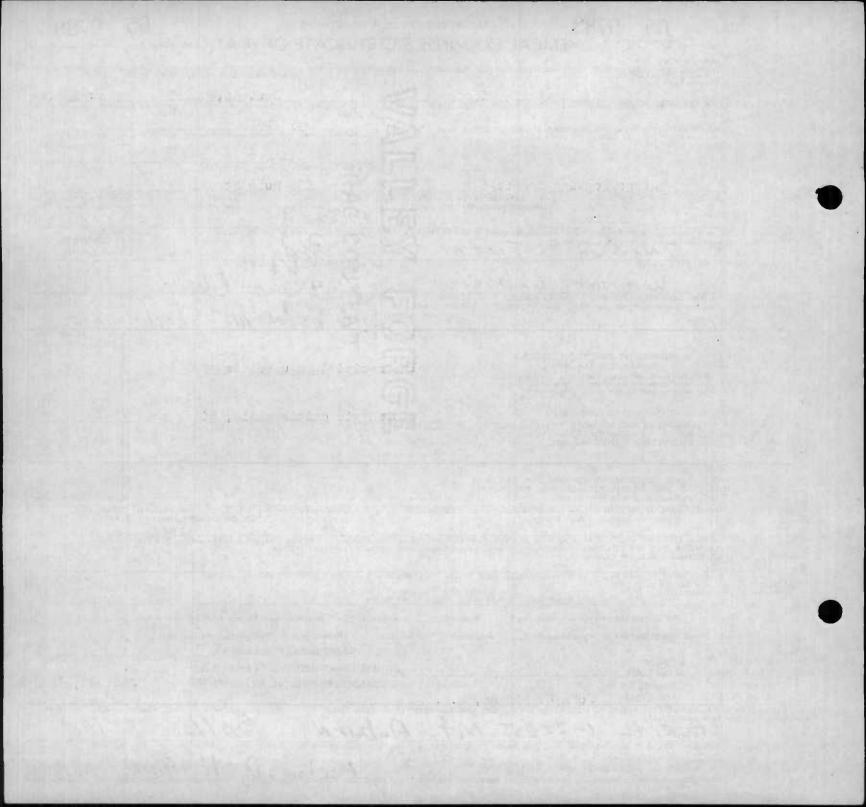


shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased of was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and Also, if the direct or contributing cause of death FUNERAL DIRECTOR: IMPORTANT the body was released to the hospital by a medical examiner.

			BALTIMORE CITY	HEALTH DEPARTMEN	NT	
BIRTH NO. 6	5 0788		CERTIFICA	TE OF DEAT	H Registered N	. 65 0788
M.E. CASE NO.				2. DA	TE AND HOUR OF DEAT	TH
(Type or Print)	Robert	Proctor			1-21-65	4:00 A. A
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND	00 2	4. USUAL RESIDENCE		finstitution: residence before admission
FRTIELC	OF Ciffnet in hospital	1 ( 1 )	1-28-65			
HOSPITAL O	R oddross or locatio	n)		Maryland,	(If outside city limits, writer)	e RURAL and give township)
INSTITUTION	Baltimore	City Ho	ospitals	Rural		53-00
	4940 East			D. STREET ADDRESS	(If rurol, give location)	
	Baltimore	, Maryla	and 21224	103 Willow	Court	
5. SEX	6. RACE		NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In yours lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours: Min.
Male	Negro	Marri		8-27-00	64	
	CUPATION (Give kind of wor			11. BIRTHPLACE (Stoto o		12. CITIZEN OF WHAT COUNTRY?
1	ol working lile, even if retired)			V12	N.C.	U. S. A.
3. FATHERS N	MITOR			14. MOTHER'S MAIDEN	NAME	0. D. R.
					4.1	
5. Was Deceas	IC . sed Ever in U. S. Armed For	reas?	1 6. SOCIAL	MARY	Harper	ADDRESS
Yes, no or unkno	wn) (If yes, give wor or doto	os of sorvico)	SECURITY NO.	THI ORIVINI		ADDRESS
				RECORDS: B	.C.H. 4940 Ea	stern Avenue #2122/
1B. 4	20,0 1×00	0811	CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DI	RECTLY				
(This does	LEADING TO DEATH and mean the mode of	dvina 6.a	(A) Cong	estive Heart	Failure	3 Months
heart failur	re, osthenio, etc. Il means	the discose,	50110			
injury ar c	amplication which caused		Arte	riosclerotic	Heart Disease	
	ANTECEDENT CAUSES		DUE TO		00.000000000000000000000000000000000000	
	OR CONDITIONS, if the above cause (A)		(6)			
	NG CONDITION Iosi.	sidiling ine	(C)			
	1		Pneumonia	? Bacteri	- T	
OTHER SIG	ONIFICANT CONDITIONS CONDEATH BUT NOT RELA	CONTRIBUTION	9			? 1 Week
	OR CONDITION CAUSING	IT.		? Tubercu	,	
19A. DATE	OF OPERATION 198. CON		WHICH OPERATION		IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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OR CONTRI	DENT WAS UNDERLYING DENTING CAUSE OF	hom	PLACE OF INJURY (o.g., i	fice bldg., INJURY OCCL	JR?	nore City, give exact lacotion)
U	tify modical axaminar)	etc.)				
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
(APPROX.)		Whi	le At Not Whi			
22 Learti	fy that (1) (this hospita			1-15	1965 to	1-21 19 65
	re) lost sow the decease		7 27	LE		
						opinion death accurred on the dot
	ond from the couses sto	ted obove. (I	) (We) (dld) (did not)	view the body after de	oth.	DATE SIGNED
23A. SIGNA	Wall		M.D. AH	onding Med.	Stoff	23B, DATE SIGNED
	/ Lalto	-	Phy	s. Director	Phys.	1-21-65
23C. PHYSIC	(Type)			23D. ADDRESS		
	Dr. Howar	d K. Rat	chbun M.D.	4940 Easter	n Avenue	
24A. BURIAL C		24C. N	ME of CEMETERY OF CR	EMATORY 2	4D. LOCATION	(City, town, or county) (Stote)
Bus	101 1-24	1-65	M+ (alu	Den	A.A (1)	Md.
25A. DATE REC	D BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRE	ECTOR	ADDRESS
	JAN 25 1965 (	1.0. Fr 8	E Farber M.A	MoRton	1 Dett.	716 RAMA AJO
VS 150-REV. 1/		TO-SANA	-	NO NIO JU	MAXII.	LE INTOIN PIOC

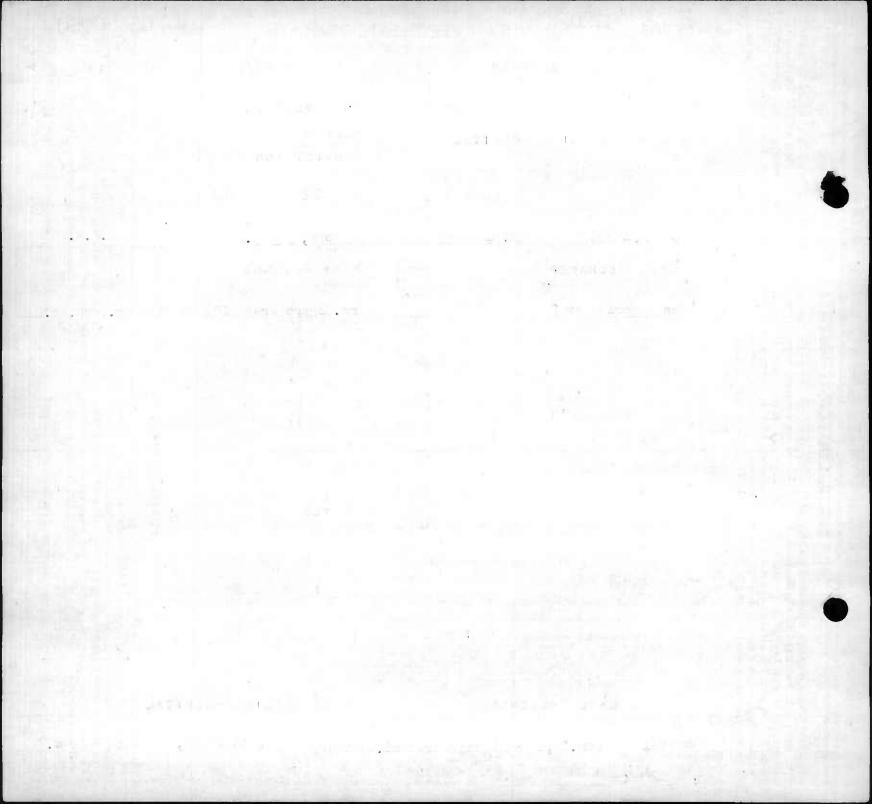
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-	E CASE NO.	CEASED						2. DATE AND	HOUR PRONOUN	CED DEAD		
(Ty	pe or Print)		Das	rell (	Tibson						1 0.45	λ
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FU	LL NAME OF	(IF NO	T IN HOSPIT	AL OR INSTITATION)	TUTION, GIVE STR	C CT		ryland	8. CO		and give tow	nship)
INS	NOITUTION						Ra	1timore		8	-0	/
						D.		ESS (If rurol, g	ive location)			
	Jo	ohns He	opkins	Hospita	a 1		20	30 Mura	Street			
5. 5	EX	6. RACE			NEVER MARRIE		ATE OF BIRTH		9. AGE (In years		Doys Ho	
	Male	Neg:	ro	WIDO WED,	DIVORCED(Speci	5	7-3-19	764	lost offingoy,	5	Doys	N.S. IAMIR
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don	e during most of	yorking life, o		TA	ISAN .	+	· M	1 d.		WH	S S	Y? *
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(Ye:	s, no or unknown	(If yes, giv	e war or dot	es of service)	SECURITY NO	0.	1.1.		111-56	11	0/	
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	24	1000	1			CAUSE OF	DEATH					ND DEATH
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	injury or co	mplication w	hich coused	s the discose. deoth.)							CLASS .	
		ANTECEND	ENT CAUS	ES	u	Iomorrh	osio oti	tic mod	in hilata	m n 1		
	DISEASES	OR COND	ITIONS, IF	ANY, GIVING	(B) I	TO	igic our	LIS Med.	ia, bilate	Laı		
			TION LAST.	TATING THE								
Z					(C)							
CERTIFICATION	OTHER CIC	NIEC ANT	II	CONTRIBUT	ING							
E C	TO THE	DEATH BE	JT NOT RI	LATED TO	THE							
RTI	19A. DATE OF		ON CAUSIN		WHICH OPERATI	ON I	OA ALITOPSY7	(Vac at Na) 120	B. IF YES, WERE F	INDINGS (	ON SIDERED	***************************************
2	9			REORMED	Willett O'EARTI				CERTIFYING CAL	JSES OF DI		
AL	21 A. EXTERNA			21 B.	PLACE OF INJU	RY (e.g., in or	yes obout 21C. W	HERE DID (If	in Boltimore City,		ocotion)	
MEDICAL	UNDERLYING UTING CAU			hom etc.	e, form, foctory,	street, office	bldg., INJURY	OCCUR?				
-	OF INJURY (APPROX.)	(Month)	(Doy) (Yed		WHILE AT WORK	NOT WHI		W DID INJUR	Y OCCUR?			
	22.	.15 .1	1.11			_						
			held an	600	Inspection _	Autaps			basis, death in		n	
	resul	ted fram:	Natural co	uses X	Accident	Suicide	Hamicid		determined man	ner		
	ACTUA	1	1	= 1	1			DICAL EXA			DATE	SIGNED
	SIGNAT		elu (	H	lan			DICAL EXA	CC-000			1065
	EXAMIN					AS	SOCIATE ME	EDICAL EXA	MINER	Ja	an. 16,	1965
234	NAME (		John E	. Adan		METERY or CR	FAA A TO DY	23 D. LO	TATION (Cit	y, town, or	county)	(Stote)
	MOYAL (Specif		1 5	n 1	11 L	/ /	LIVIATORI /	230. 200	2011	y, 10 WH, 01	M	Joiet
	DUR1	AL	1-00	4-65	NIT.	Huk	UFN	6	A/40.		1-16	11
24/	A. DATE REC'D	BY HEALTH	DEPT.	24B. NAME	OF REGISTRAR	2.H.A	24C. FUNERA	L DIRECTOR	11		ADDRESS	
		JAN &	9 1300	Viole	D. C. Jan		Moret	00/ 1D	ott	116.63	NNA.	ALC.



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the U
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

01	- 0000		BALTIMORE CITY	HEALTH DEPARTMEN	₹T	0.5
MAIII IIOI	5 0790		CERTIFICA	TE OF DEAT	H Registered No	. 65 0790
M.E. CASE NO.	CEASED				E AND HOUR OF DEAT	Н
(Type or Print)	JAMES DEL	HAMER			/22/65	11:40 PM
3. PLACE OF DE	ATH IN BALTIMORE, MA			4. USUAL RESIDENCE	(Where deceased lived, If	institution: residence before admission)
					COUNTY	
HOSPITAL OR	OF (If not in haspital address or lacation		give street	C. CITY OR TOWN	(If autside city limits, write	e RURAL and give tawnship)
Tue	una Hanna	Hees		HELLAM		1/-35
THE JO	HNS HOPKINS	HOSP	TTAL	D. STREET ADDRESS	(If rural, give lacation)	· ·
				Tourist !	NN RD #1	
S. SEX	6. RACE		, NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths: Days Haurs Min,
M	W		PARATED	5/25/22	last birthday)	ividinis, buys indicate in the control of the contr
		10B. KIND O	F BUSINESS OR INDUSTRY		r fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
	warking life, even if retired) Employed	Motel	LOwner	Vanle De		U.S.A.
3. FATHER'S NA		Hote.	r Owliet.	York, Pe	I NAME	0.001
100	IN DELHAMER			MARY ALTI		
	d Ever in U. S. Armed For	res?	1 6. SOCIAL	17. INFORMANT	LAND	ADDRESS
Yes, na ar unkna w	n) (If yes, give war ar date	es of service)	SECURITY NO.	IV. INFORMANT		ADDRESS
Yes	World War 2			Mrs.Eugene	Frey 4209 Web	ster Dr. York Pa.
1B.	01		CAUSE O	F DEATH		INTERVAL BÊTWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY	11	alto to the	1.1: 0-	100
(This does	nat mean the made of	dving. e.g.	(A) DUE TO	ultigate into	Mirel	132-
heart failure,	, asthenia, etc. 11 means	the disease	(te)	etanemen fo	estilal	
injury or cal	mplication which caused		(R)	and to see a second		
D. 65 A 65 6	ANTECEDENT CAUSES		DUE TO	~ /	A	
	OR CONDITIONS, if ne above cause (A)		(c) 15	Elgional In	tentis	19 years
	G CONDITION last.		· · · · · · · · · · · · · · · · · · ·		9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
	- 11					
OTHER SIGN	DEATH BUT NOT RELA	ONTRIBUTIN	G			
DISEASE OR	CONDITION CAUSING	IT.				
19A. DATE O	F OPERATION 198. CON	FORMED	WHICH OPERATION	YES	IN CERTIFYING	E FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDI	NT WAS UNDERLYING	211	B. PLACE OF INJURY (e.g., i		ID (If in Boltim	nare City, give exact location)
OR CONTRIB	UTING CAUSE OF	har	ne, farm, factory, street, a	ffice bldg., INJURY OCCU	R?	tile City, give exact tacquain
O						
OF INJURY	(Manth) (Day) (Year)		tNJURY OCCURRED hile At Not While		D INJURY OCCUR?	
(APPROX.)		w		•		
22. I certify	y that (1) (this hospital	) attended	the deceased from	16/9	1964 to	1/2-2- 19.65
that (I) (we	) last saw the decease	ed alive an.	1122	19 (a or	nd that in (my) (aur) a	pinian death accurred on the date
			D (We) (did) (did not)	~		40 PM
23A, SIGNAT		/	3 ( 6) (6.6) (6.6 1.61)	Tow the body enter de		23B. DATE SIGNED
Con	V Kinda	110,0		ending Med.	Stoff -	1/32/1
23C. PHYSICI.	ANS U JUSTIN	) were	Phy	s. Director L 23D. ADDRESS	Phys.	110403
NAME (	Type)	0	Section 1			
		EDENBE			PKINS HOSPI	
REMOVAL	EMATION, 24B. DATE (Specify)	24C. N	AME of CEMETERY or CR	EMATORY 2	4D. LOCATION	(City, lawn, ar county) (State)
Dame	3	1965 0	ettysburg Nat	Cemetery	Gettysburg,	Pa.
25A, DATE REC'I	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRE	CTOR	ADDRESS
	JAN 25 1965	Polest	E. Sarker M.A	Wmiv. Tx	Jenus & Somo	Meta Quen Belto III
VS 150-REV. 1/1.	/65					



## or his assistant if IMPORTANT **DIRECTOR:** the chief medical FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT Relittered No. BIRTH NO. CERTIFICATE OF DEATH of death (4) Undetermined cause; (5) Deceased on the Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) MICHELLE LYNN YODER

3. PLACE OF DEATH IN BALTIMORE, MARYLAND a hospital USUAL RESIDENCE (Where deceased lived, If institution: residence before admission ance MARYLAND cause FULL NAME OF (If not in hospital or institution, give street C. CITY OR TOWN (If outside city limits, write RURAL and give township) HOSPITAL OR oddress or location) attend 0 INSTITUTION D. STREET ADDRESS (If rurol, UNIVERSITY HOSPITAL prior contributing STURBRIDGE disposition is made regular MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months! Days Hours Min. deceased WIDOWED, DIVORCED (specify) CAUCASIAN FEMALE CAUCASIAM SINGLE

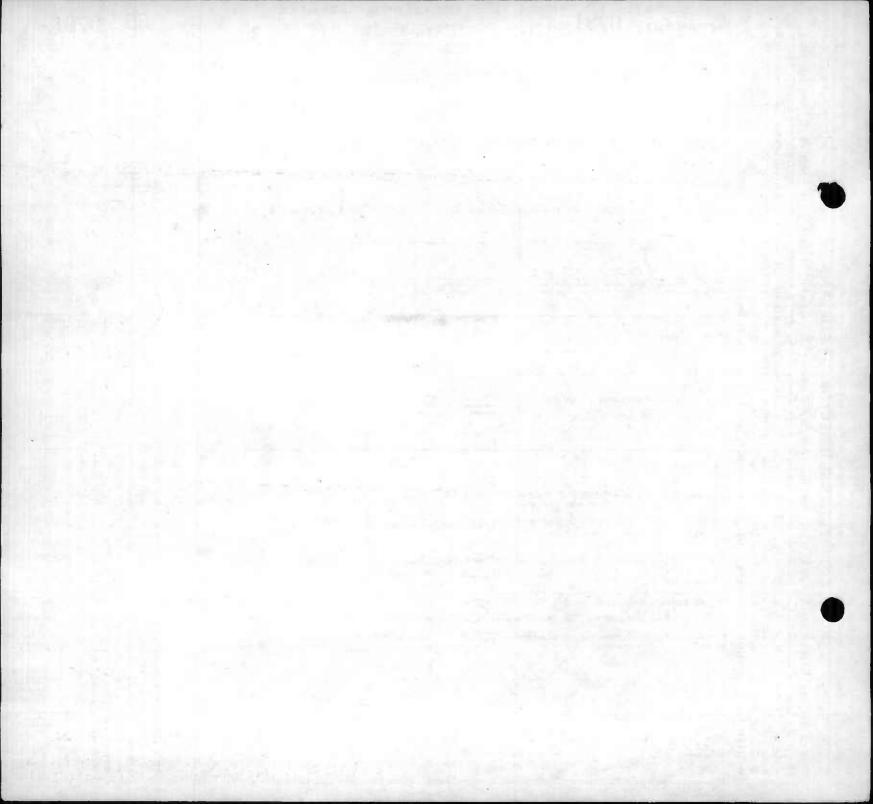
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even il retired) BALTIMO RE Was 13. FATHER'S NAME the DONALD YODE MANCY death 0 kind; 15. Was Deceased Ever in U. S. Armed Forces 1 6. SOCIAL final (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. attendance HOSPITAL RECORD any CAUSE OF DEATH pronounced 9 DISEASE OR CONDITION DIRECTLY embalmed of PREMATURITY LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., heart foilure, asthenia, efc. It means the disease, regular injury or complication which coused death.) ANTECEDENT CAUSES who DUE TO are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. physician the remains WOS medical burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION where the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? be obtained before 3 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., fNJURY OCCUR? to the hospital MEDICAL DEATH (notify medical examiner) any nature; by (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (9) pup OF INJURY approved (except Not While While At (APPROX.) At Work Work 22. I certify that (I) (this hospital) attended the deceased from death); that (1) (we) last sow the deceased alive on.... .19 ond that in(my) (our) opinion death occurred on the date of hospital and hour and from the couses stated above. (1) (We) (did) (did-not) view the body after death. the body was released must accident 23B DATE SIGNED 23A. SIGNATURE Attending Phys. Med. Director M.D. 0 approval 0 23D. ADDRESS 23C. PHYSICIAN'S ŧ NAME (Type) RUSSE11 D.O.A. 24A. BURIAL CREMATION. 24C. NAME of CEMETERY - GREMATOR 24D. LOCATION eceased (City, lown, or county) REMOVAL (Specify) ANCASTER URIA MOS 25A. DATE REC'D BY HEALTH DEPT 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

WHAT COUNTRY?

11.5. A.

INTERVAL BETWEEN

ONSET AND DEATH



BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 5 9375 I. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) ANNIE CHELF 1:45 P. E. January 21, 1965 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) INSTITUTION Baltimore 1811 St. Paul Street D. STREET ADDRESS (If rusal, give location) 1811 St. Paul Street 6. RACE 9. AGE (In years 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. II Under 24 Hrs. Months, Doys, Hours, Min. WIDO WED, DIVORCED (specify) Female White 80 Married MATTIED MATTIED April 12, 1884 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Hou sewife U. S. A. Somerset County, Md. Alexander Furness Maria 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1811 St. Paul Street 16. SO CIAL 7. INFORMANT (Yes, no or unknown), (If yes, give wor or dates of service) SECURITY NO. No None 211-21-6097 Mr. James I. Chelf Baltimore, Md. 21202 INTERVAL BETWEEN Sport on alats. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Cardiovascular Disease. DUE TO (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Fracture of Left Femur. DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No 218. PLACE OF INJURY (e.g., in or obout home, form, factory, street, office bldg., INJURY OCCUR? etc.) MEDICAL 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-1811 St. Paul Street Home 21 D TIME (Month) (Dov) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) December 25,1964 P . WHILE AT NOT WHILE X Fall on floor. Inspection X I certify that I held an Inquiry Autopsy and that an this basis, death in my aplnlan resulted fram: Natural causes Accident X Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL . M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 1/21/65 EXAMINER'S ASSOCIATE MEDICAL EXAMINER

Charles S. Petty, M.D. NAME (Type)

23B. DATE

23C. NAME of CEMETERY of CREMATORY

23D. LOCATION

(City, town, or county)

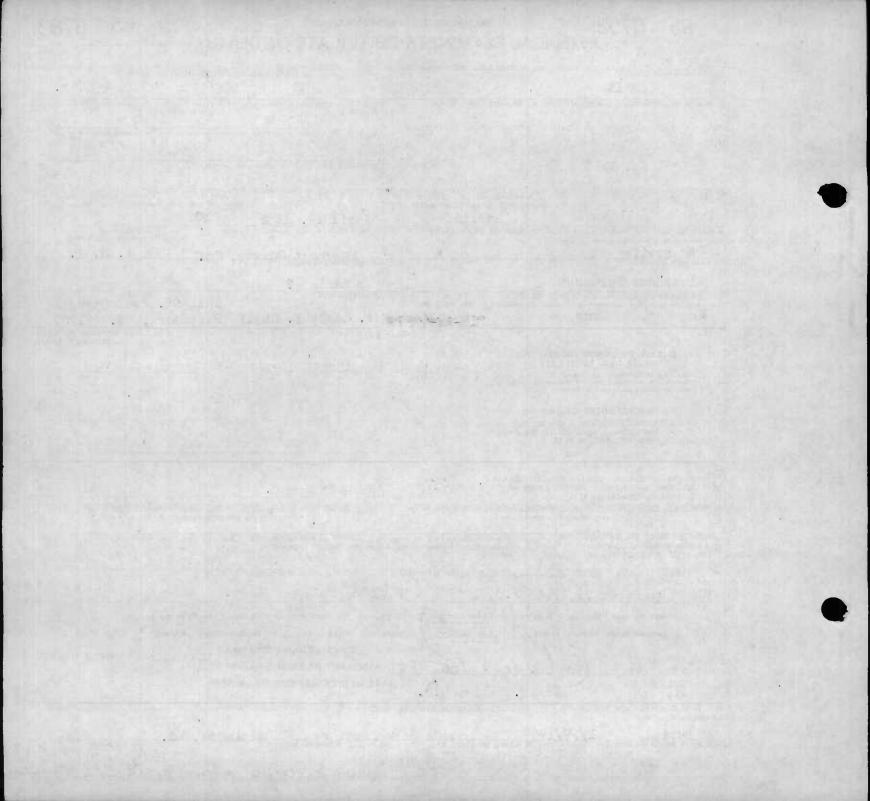
(Stote)

Burial 1/25/1965
24A. DATE REC'D BY HEALTH DEPT. 24B. Loudon Park Cemetery Baltimore, Md. REGISTRAR 24C. FUNERAL DIRECTOR 248 NAME OF REGISTRAR

VS 151-REV. 1/1/65

23A. BURIAL CREMATION,

REMOVAL (Specify)



BALTIMORE CITY HEALTH DEPARTMENT	
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Registered No. DO U	793	
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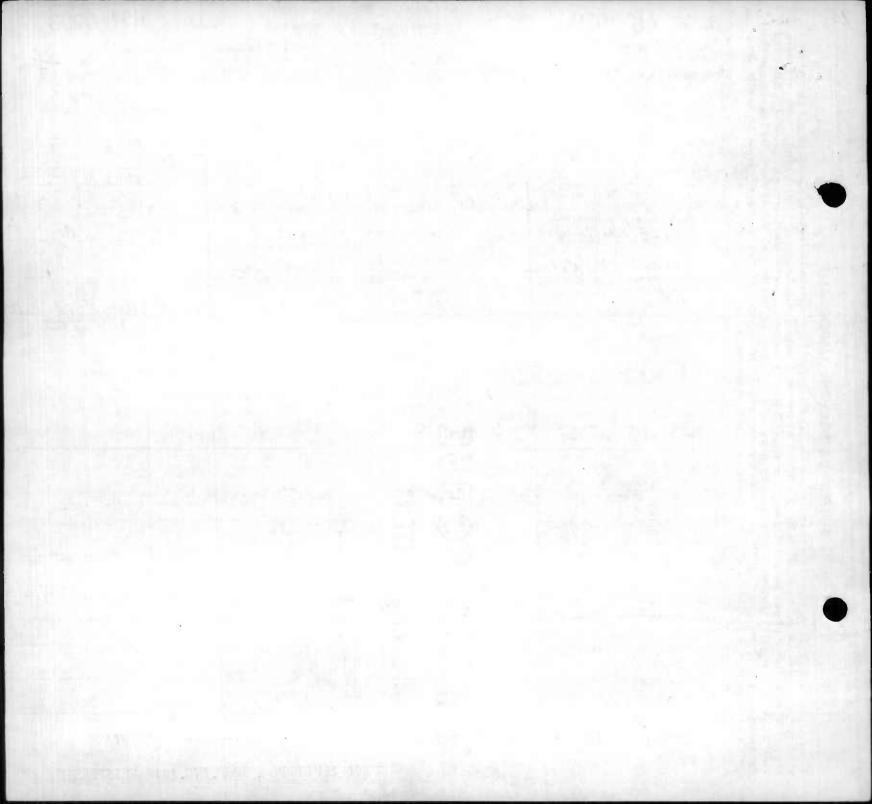
1. Nz	AME OF DECEASED		2. DATE	AND HOUR OF DEATH	. 15
(Тур	be or Print Hackerman Soph	lia.	Ta	n 1/ 19	55 A Stitution: residence before admission
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (W.	here deceased lived. If in	stitution: residence before admissi
			4 4 1	1	15-11
H	FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)		C. CITY OR TOWN (III	outside city limits, write R	RURAL and give township)
11	Firanklin Squar	o Hospital	BaHimo	V 0	
	orankin oquar		D. STREET ADDRESS	(If rurol, give location)	
				1/amont Re	d.
5. S		RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 I Months: Doys Hours Min
	11-11-1	ide WED (specify)	6/30/1885	lost birthday)	Months: Doys Hours: Min
10À.	USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE (State or I	foreign country)	12. CITIZEN OF
done	e during most of working life, even if retired)	1- 11.	0., == 13		WHAT COUNTRY?
12 1	PETITE & (HOUSEWIFE)	AT LOME	RUSSIA	NAAAF	u.s.A.
130					
	Israel Margielius		unkni	own	
15. V (Yes	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	RIO	150	Dr. Schreibe	r. 3501	6 Ellamont Dd 1
	18. 4. 20 11	CAUSE O		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		gestive Hea		
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	ANTECEDENT CAUSES	iving	ite myocaci	bolinfaction	ri
NO	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, gives to the obove couse (A) stoting UNDERLYING CONDITION lost.	iving (C)	ite myocaci	bolinfacto	Ä
ATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, give to the obove couse (A) stoting underlying condition lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	iving the (C)	<i>V</i>		ri
ERTIFICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, give to the obove couse (A) stoting underlying condition lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING THE  TO  THE  THE	20A. AUTOPSY? (Ves)	No) 208. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH? YES
L CERTIFIC	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, gives to the obove couse (A) stoting UNDERLYING CONDITION lost.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION	UTING THE  TO  THE  THE	20A. AUTOPSY? (Ves )	No) 208. IF YES, WERE IN CERTIFYING CAI	ri
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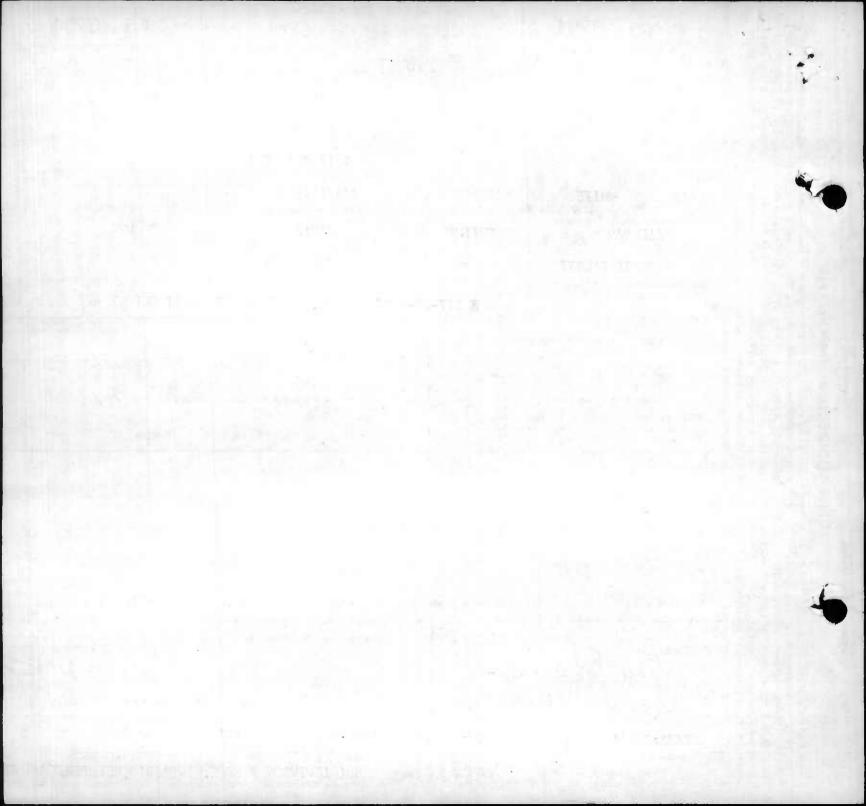
VS 150-REV, 1/1/65

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LEVINSON & BROS. INC. 6010 REISTERSTOWN RD





BALTIMORE	CITY	HEALTH	DEPARTMEN

	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 65 0795	CERTIFICA	TE OF DEATH	Registered No.	65 0795
M.E. CASE NO.  1. NAME OF DECEASED  Typo or Print)  A F B B A M A	/	2. DATE A	IND HOUR OF DEATH	540, 4151
PLACE OF DEATH IN BALVANDE MARY AND		1-4-	- 65 /	THE THE N
FULL NAME OF (If not in hospital or insti		A. STATE B. COU	NTY	27-20
HOSPITAL OR oddress or location) INSTITUTION		RAT	outside city limits, write	RURAL ond give township)
SINAI HOSPITAL		Della	f rural, give location)	
		4004 7	TOCSIS L.	ANE
	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify) I DOWED	6-1-96	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KI lone during most of working life, even if retired) HOUSEWIFE	AT HOME	11. BIRTHPLACE (State or for MARYLAN)		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	1
MAX SELKOWITZ		IDA	?	
5. Was Deceased Ever in U.S. Armed Forces? Yas, no or unknown) (If yas, give war or dates of sa	1 6. SOCIAL	17. INFORMANT		ADDRESS
No	W. K		BERMAN 3407	JANELLEN DRIVE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	O VE WASK	perative he	morrho L	INTERVAL BETWEEN ONSET AND DEATH
(This daes not mean the mode of dying, heart foilure, asthenia, etc. It meons the di injury ar complication which caused death.	Seasy Due to	,		
ANTECEDENT CAUSES	NO NE TO	ravan Car	Choma	
DISEASES OR CONDITIONS, if any,	giving 300			
rise to the above cause (A) stating UNDERLYING CONDITION last.	FICE 823 (C)	**************************************		
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	BUTHE TO THE			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		20 A. AUJOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)	21B. PLACE OF INJURY (e.g., in home, form, loctory, street, of etc.)	or obout TIC. WHERE DID	(If in Boltimo	re City, give exect fection)
21D. TIME (Month) (Doy) (Your) (Hou OF INJURY (APPROX.)	While At Not While Work	21 F. HOW DID IN	JURY OCCUR?	
22		NOV.	19 63 10	1-22 1965
22. I certify that (I) (shis hospital) attention that (I) (we) last saw the deceased alive	1-55	19 6.5 and t	**	inian death accurred an the dat
and hour and from the causes stated ab	ave. (1) (Mm) (did) ( <del>did not</del> ) v	iew the body after death.		
23A. SIGNATURE				23B. DATE SIGNED
Mallush	M.D. And Phy	onding Med.	Stoff Phys.	1-22-65
23C. PHYSICIAN'S NAME (Typo)		23D. ADDRESS		
DAA BURIAL CREATION OF SATE		TAA TORY In .	-	
24A. BURIAL CREMATION. REMOVAL (Specify)  BURIAL  1/24/65	BETH HAMEDOSH H		BALTIMORE (C	MARYLAND (Stote)

JAN 25

1965 Robert E. Farbey M.A.

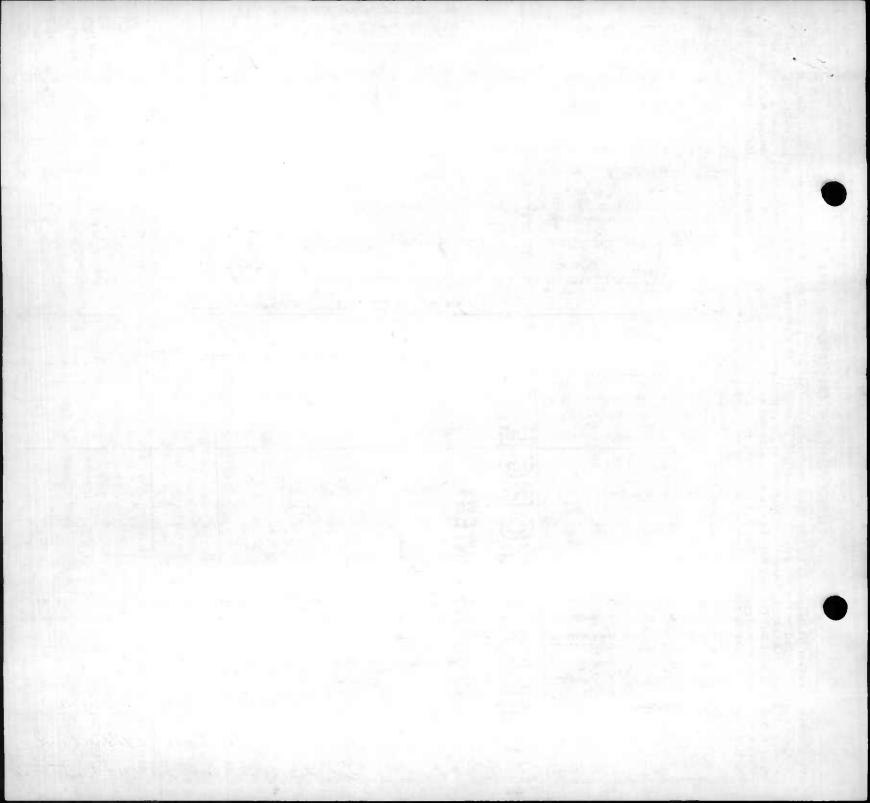
25C. FUNERAL DIRECTOR SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN

VS 150-REV. 1/1/65

## FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CITY	HEALTH DEPARTMENT	
M.E. CASE NO.5 0796 CERTIFICA	TE OF DEATH Registered No.	65 0796
1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH	5.20/
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If insti	tution: residence before odro/ssion)
FULL NAME OF (If not in hospital or institution, give stroot HOSPITAL OR oddross or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RU	Z /- Z O  RAL ond give township)
Sinai Hospital of Balfinia In.	D. STREET ADDRESS (If rurol, give locotion)	+/ /
	6202 Pearce ave	
5. SEX MARY 6. RACE Whitz 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	7/15/98 66	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working lite, even if retired	11. BIRTHPLACE (State or loroign country)	12. CITIZEN OF WHAT COUNTRY?
Calesmanager Match Company	Poland	USH
David Stopah	14. MOTHER'S MAIDEN NAME	
15. Was Deceased Ever in U. S. Armod Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wer or dotes of service) SECURITY NO. 087-05-2326	From Hospital Charl	
18. 627. / Y- / Y CAUSE O	FDEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	onis obstructive arrivan line	200
(This does not mean the mode of dying, e.g., DUE TO heart failure, asthonia, etc. 11 means the disease,		
injury or complication which coused death.)	Comman emphragues	
ANTECEDENT CAUSES  DUE TO	Destruction beneficial and he destruction in the standard and he destruction be destructing to the destruction accommon	
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION last.		***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Carrinomen tosis	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF COLOR, of colory, stroot, st	n or obout 21 C. WHERE DID (If in Boltimore C)	City, give exact location)
O 21D. TIME (Month) (Doy) (Your) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)  While At Not While At Work At Work	e 🖳	
22. I certify that & (this hospital) attended the deceased from 29	December 19 64 10 21 10	mury 1965.
that (W (we) lost sow the deceased alive on 21 January	19 65 ond that in (our) opinion	//
ond hour and from the couses stated abave. (We) (did) (did tot)		
23A. SIGNATURE		3B. DATE SIGNED
Phy		1/21/65
NAME (Type) M.D.	Can in Horanidal Stall	Per: Dineo
24A. BURIAL CREMATION, 24B. DATE 24G. NAME of CEMETERY OF CRI	EMATORY 24D. LOCATION (City.	town, or county) (Stote)
Burial 1/24/65 Sewish for	and Baltimore	Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ABORESS - A-R
VS 150-REV. 1/1/6S	LOC SEVENDEN + PNOS SA	C. 6010 reisterstrize



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(4) Undetermined cause; (5)

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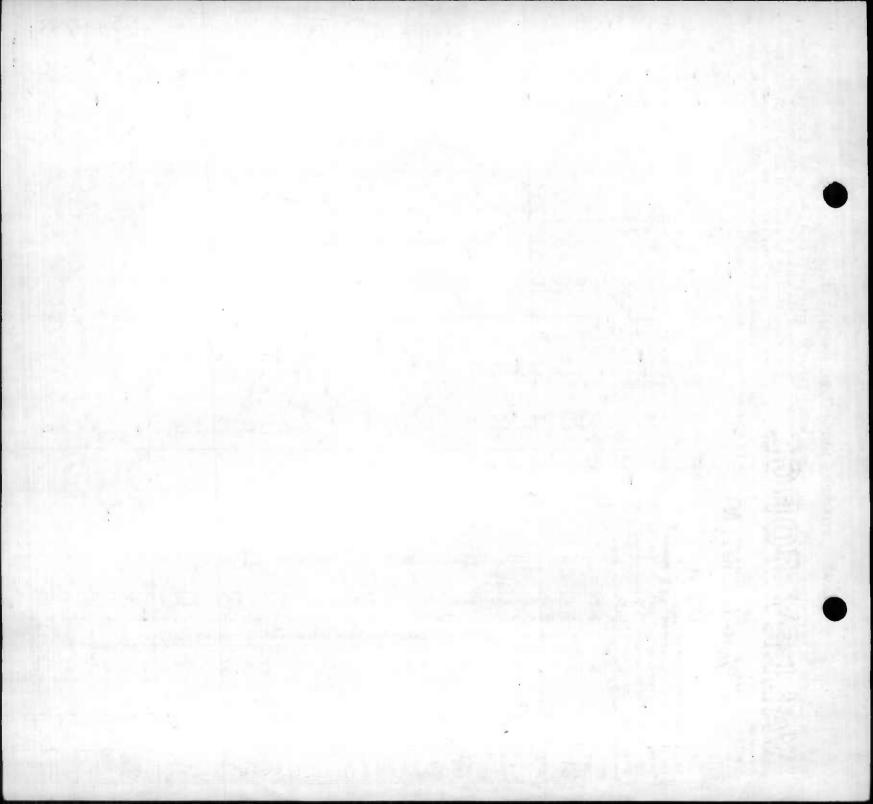
BALTIMORE CITY HEALTH DEPARTMENT / Registered No.. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. AND HOUR OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) ACK Lesser 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) COUNTY A. STATE FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR limits, write RURAL and give township INSTITUTION prior D. STREET ADDRESS (If rural, give is made 5. SEX 6. RACE MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. If Under 1 Yr. Months Doys Hours deceased WIDOWED. DAVORCED (specify) lost birthday 12. CITIZEN OF WHAT COUNTRY? IGA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) isposition MARYLAND 13. FATHERS WAME 14. MOTHER'S MAIDEN NAME JOSEPH LESSER O 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMALAN ADDRESS 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. final MRS. BERNICE LESSER 2800 LAURELWOODD CT NO -03021 18. CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.) DB ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the remains UNDERLYING CONDITION lost. Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE DR CONDITION CAUSING IT. CERTIFIC 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, factory, street, office bldg., INJURY OCCUR? °Z DEATH (notify medical examiner) MEDI obtained (Month) (Doy) |Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from 19 that (I) (we) last saw the deceased alive on and that in (my) (our) apinion death accurred on the date eat must and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATUR 23B. DAFE SIGNED Attending Phys. M.D. Med. Stoff Director Phys. approval 23 D. ADDRESS 23 C. PHYSICIAN'S prior M.D 24A. BURIAL CREMATION. 24B. DATE CEMETERY OF CREMATORY 24D, LOCATIO (Stote) REMOYAL (Specify) 25B. NAME OF REGISTRAR

UNERAL DIRECTOR

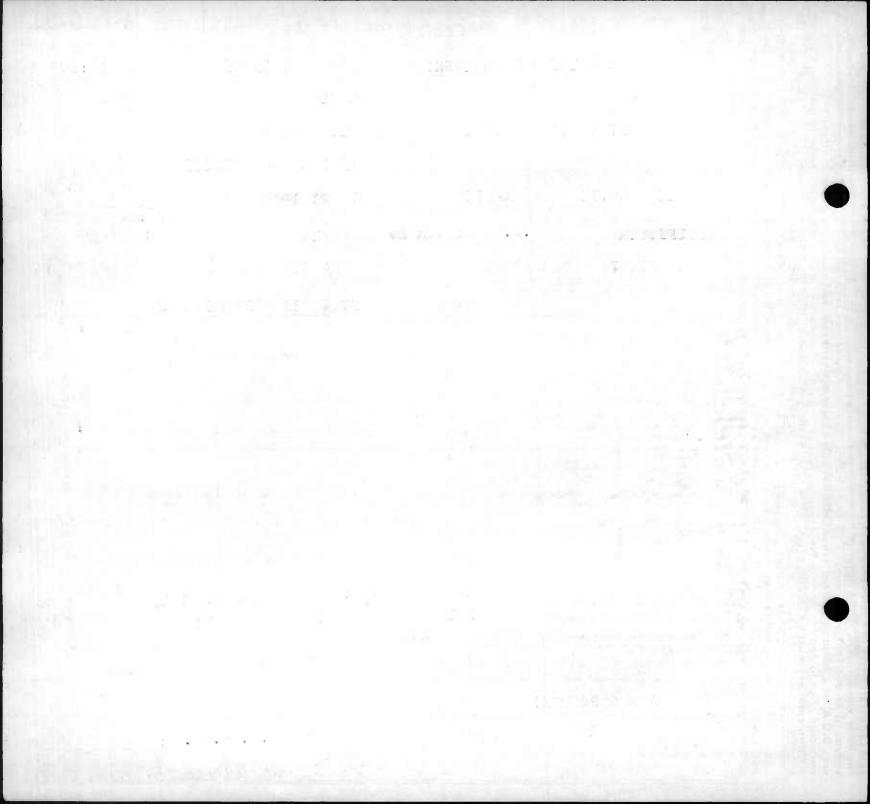
AND STATE NO. M W M Warying Ports Service 1 - 中日 大計 ひ 1 E B The Marchan M down - the Sten Hope -Raymon B. Boll USPHSM- pull- I alle RAYER OF DEAHE

FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death; Such written approval must be obtained before the remains are embalmed or final disposition is made.

0500	BALTIMORE CITY	HEALTH DEPARTMENT	000
BIRTH NO. 65 0798 M.E. CASE NO.	CERTIFICA	TE OF DEATH Registered Na.	65 0798
1 NAME OF DECEASED	(Johns, Hil	TERY) 2. DATE AND HOUR OF DEATH	5- 1 4:15 A N
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. II in	stitution: residence before admission
FULL NAME OF (If not in haspital ar institution, HOSPITAL OR address ar location)	give street	MD	15-11
INSTITUTION		C. CITY OR TOWN (If outside city limits, write BALTIMORE	RORAL and give township)
LUTHERAN HO	) S P	D. STREET ADDRESS (If rural, give location)  3 6 1 3 B R AN 76	Y RD FIS
	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years last birthdoy) 76	If Under 1 Yr. If Under 24 Hrs Manths Doys Hours Min,
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12, CITIZEN OF WHAT COUNTRY?
House Wife		BAIto, MARPLAND	USA
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME REBECCA ROLLIN'S	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(Yes, na ar unknawn) (If yes, give war or dates of service)	214-18-5056	CAROLYN HARP- 36/3 GRA	intlev Rd.
18. / 5 6 / 1	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)	t cute Myo cardral	2 /2 whe
(This does not mean the mode of dying, e.g., heart failuse, asthenia, etc. It means the disease,		t cute Mys cardeal	
injuly of camplication which coused death.)  ANTECEDENT CAUSES	(8)		7
DISEASES OR CONDITIONS, if any, giving	DUE TO	- Junear	
uise to the above cause (A) stoling the UNDERLYING CONDITION last,	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	G IE		
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
		NO	
OR CONTRIBUTING CAUSE OF horr	ne, larm, foctary, street, o	n ar about 21 C. WHERE DID (If in Baltimore bidg., INJURY OCCUR?	e City, give exact lacotion)
21D. TIME (Month) (Day) (Year) (Haur) 21E.	INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	ile At Not While	e 🗌	
22. I certify that (this hospital) attended t	he deceased fram	1-13 1965 10	- 23 19 65
that (M (we) last saw the deceased alive on	1-23	19 65 and that in (Ky) (aur) api	nian dooth occurred an the dat
and hour and fram the causes stated abave.	W (We) (did) (did not)		
23A. SIGNATURE Aidel KS	ble M.D. Att	ending Med. Staff.	23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
Aideh Kobler	M.D.	Lutheran 14	Josp
24A. BURIAL CREMATION, 24B. DATE 24C. N. REMOVAL (Specify)	AME of CEMETERY OF CR		ity, tawn, or county) (State)
BURIAL 1-27-65 AR		IORIAL ARBUTUS (BAL	
258. DATE REC'D BY HEALTH DEPT. 258. NAME OF	OF REGISTRAR	Marshall W. Jnes,	1735 Hufrelan
VS 150-REV. 1/1/65	C. MONDEUT WIN	Tilloushows year,	E )

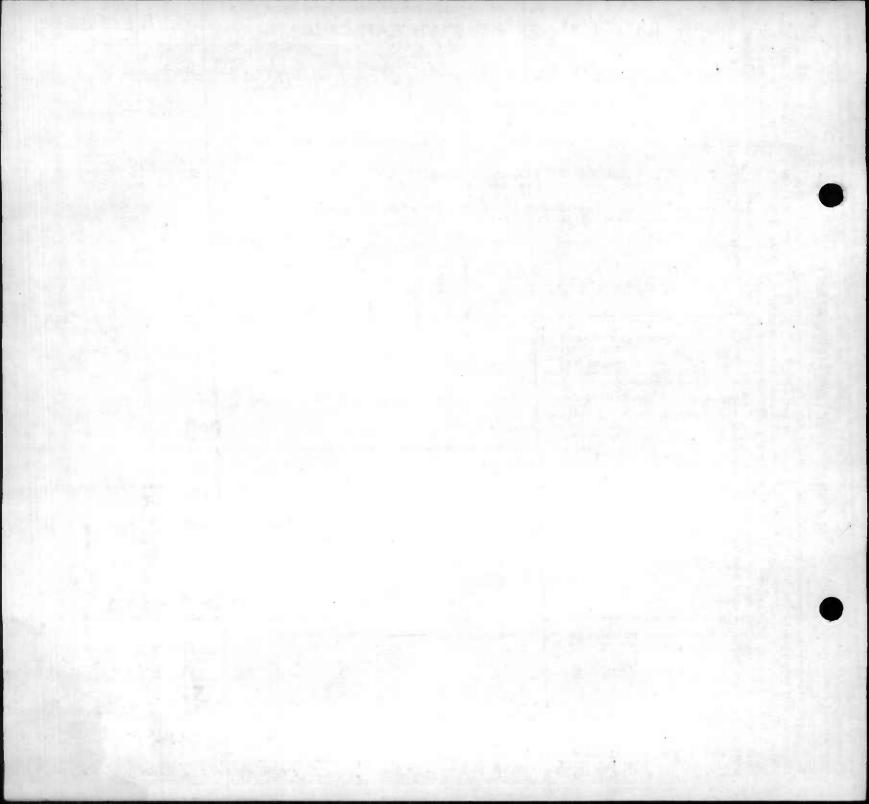


HRTH NO. 65 0799 CERTIFIC	
M.E. CASE NO.	ATE OF DEATH Registered No. 65 079
Type or Print) CHARLES J WONDOLOSKI	1 23 65   12:30P
PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, give street	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admit A. STATE B. COUNTY  MARYLAND  25-05
HOSPITAL OR INSTITUTION ST AGNES HOSPITAL	C. CITY OR TOWN (If outside city limits, write RURAL and give township)  BALTIMORE 26  D. STREET ADDRESS (If rural, give location)
	1311 CHURCH STREET
MALE WHITE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	8. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. Hours Norths Days Hours N
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
SHIPFITTER  U.S.COAST GUARD  13. FATHER'S NAME	
CONSTANTI WONDOLOSKI	FRANCES KARWOSKI
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service)  NO  None	ST AGNES HOSP RECORDS
	OF DEATH INTERVAL BETWEEN
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DUE TO  DISEASES OR CONDITIONS, if ony, giving rise to the obave couse (A) stating the UNDERLYING CONDITION last.  COMMERCIANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	yprondial Infortan Post.
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g. or CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g. home, lorm, foctory, street, etc.)	office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not Work AI Wo	
22. I certify that (I) (this hospital) attended the deceased from	1 18 165 to 1 23 19 6 19 65 and that In(my) (aur) apinian death accurred an the
and hour and from the causes stated above. (1) (We) (did) (XXXV)	
23A, SIGNATURE	
	Attending Med. Sloff
23C. PHYSICIAN'S NAME (Type)	Altending Med. Slott Phys. 23 Apr 65  23D. ADDRESS
A R SOSNOWSKI M.	D.
	CREMATORY 24D. LOCATION (City, lown, or county) (St
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of	



			BALTIMORE CITY	HEALTH DEPARTMENT		CF 0000
	H NO. 65 0800		CERTIFICA	TE OF DEATH	Registered No	65 0800
	AME OF DECEASED		. , ,		D HOUR OF DEATH	
(Тур	se or Print) //O/A C	· . S	tephAN-	5 /-	22-65	M
3.	LACE OF DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (When	e deceosed lived. If insti	tution: residence before admission)
	FULL NAME OF (If not in hospital	or institution	, give street	MD		15/10/1
	OSPITAL OR oddress or locotion	n)		C. CITY OR TOWN (If out	side city limits, write RU	RAL ond give township)
1	FRANKLIN SQUA	RRE	to the second of		OP Course, give location)	
1	0				BAHIMO	De St
5. 5	EX 6. RACE	7. MARRIE	D, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	7 W.	1 0	ED DIVORCED (specify)	Dec14 1892	lost birthdoy)	Aonths Doys Hours Min.
	USUAL OCCUPATION (Give kind of wor			11. BIRTHPLAZE (State or foreign	gn country)	12. CITIZEN OF
don	during most of working life, even if retired)			Va,		WHAT COUNTRY?
13.	FATHER'S NAME		4	14. MOTHER'S MAIDEN NAM	ΛĒ	
1	Edward L. C.	ARP	11/	hAURA	Marie	R
15.	Wos Deceased Ever in U. S. Armed Fo.	ces?		17. INFORMANT	4/4/-101	ADDRESS
(Ye	(If yes, give wor or dote	es of service	SECURITY NO.	Aura Smitt	514B.	:15+
-	1B, (1)		CAUSE OF	DEATH	O TIGOR	INTERVAL BETWEEN
	DISEASE OR CONDITION DI	RECTLY		1 1 1.	5/ //	ONSET AND DEATH
	LEADING TO DEATH		(A) Cost	erioderate,	Herrousers	6 months.
	(This does not mean the mode of heart failure, asthenia, etc. It means	the diseas			,	
	injury or complication which caused		(B)			
	DISEASES OR CONDITIONS, if		DUE TO			••••••••••••••••••••••••••••••••••••••
	rise to the above cause (A)			• • • • • • • • • • • • • • • • • • •		rriv <b>n (ph</b> inn + 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	UNDERLYING CONDITION last.					
Z	OTHER SIGNIFICANT CONDITIONS	ONTRIBUTI	NG			
ATIC	TO THE DEATH BUT NOT RELA	ATED TO 1	THE			
ERTIFICATION	19A. DATE OF OPERATION 19B. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	DINGS CONSIDERED
ERT				no		
AL C	OR CONTRIBUTING CAUSE OF	h	1B. PLACE OF INJURY (e.g., in ome, lorm, foctory, street, off	fice bldg., INJURY OCCUR?	(If in Boltimore C	City, give exact location)
DICA	DEATH (notify medical examiner)		ic.)			
MEC	OF INJURY (Month) (Doy) (Year)		Vhile At Not While	21F. HOW DID INJU	URY OCCUR?	
	(APPROX.)		Vork At Work			
	22. I certify that (1) (this hospito				964 to Jan	1965
	that (1) (we) lost sow the decease		//	,	at in (my) (out) opinio	on death occurred on the date
	ond hour ond fram the couses sto	ted obove.	(I) (We) (dld) (dld not) vi	iew the body ofter death.	lo	3B, DATE SIGNED
	Men n. S.	a flo.	M.D. Atte	nding Med. Director	Stoff	
	23C. PHYSICIAN'S	ecos		3D. ADDRESS	Phys.	1-23-65
	NAME (Type)	HRIC	IRFR M.D.	1519/11 No	mlend St	
244	BURIAL CREMATION, 24B. DATE	/ 24C.	NAME OF CEMETERY OF CRE	MATORY 24D. 10	CATION (City,	town, or county) (State)
14	REMOVAL (Specify)	651	10 ctores	·D.	a La Mi	()
254	DICIAL TOTAL	25B, NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	170, Ma	ADDRESS
	JAN 25 1965	DO B	2 Fa.D. 40	Witzke	4101 Fd	monidson Ax
-	41111 19 4 1000	THEY	C. Contract and	100.00	11011	07.000

VS 150-REV. 1/1/65



35-87-18 AB

BALTIMORE CITY HEALTH DEPARTMENT		BALTIMORE	CITY	HEALTH	DEPARTMENT
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M.E. CASE NO.	0801		CERTIFICA	TE OF DEATH	Registered No	. 00 0001
1. NAME OF DECEASED (Type or Print)	Albert	Cibbon			ND HOUR OF DEAT	6:00 A
3. PLACE OF DEATH IN B			8		ere deceased lived. If	institution: residence before admission
HOSPITAL OR OF	nat in haspitol or Idress or location) altimore			Maryland		2 6-05 e RURAL and give township)
4	940 Easteraltimore,	rn Ave	nue	(201 - 11	f rural, give location)  Avenue	
5. SEX 6. RACE	ite 7	MARRIED, WIDOWED Marr	NEVER MARRIED D. DIVORCED (specify)	8. DATE OF BIRTH  8-16-94	9. AGE (In years lost birthdoy)	If Under 1 Yr. It Under 24 H Months Days Hours Min.
IOA. USUAL OCCUPATION	(Give kind of work )	B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign cauntry)	12. CITIZEN OF WHAT COUNTRY?
Engineer		Tugbo	at	Delaware		U. S. A.
3. FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME	
Seth Gibb	ons			Louisa	?	
5. Was Deceased Ever in Yes, no or unknown) (If yes,	J. S. Armed Force	s? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	-	ADDRESS
No			215-093064	RECORDS: B.C	.H. 4940 Ea	stern Avenue #212
18. 5 3 18	1		CAUSE O	<u> </u>		INTERVAL BETWEEN ONSET AND DEATH
	ONDITION DIRE	CTLY			2	
(This does not mean		ying, e.g.,	(A) INTE	stinal Obstruct	10n	22 Days
heart failure, asthenia	, etc. II means II	re disease,				
	DENT CAUSES	00111,7		static Carcinom	a of the Co	lon
DISEASES OR CON		v aivina	DUE TO			
rise la lhe abave	cause (A) s		(C)	•••••••••••••••••••••••••••••••••••••••		
UNDERLYING COND	office lost.		and the latest and the			
OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDITI	BUT NOT RELATI					
19A. DATE OF OPERAT			WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	CAUSE OF		e, form, foctory, street, of	or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltim	ore City, give exoct locotion)
21D. TIME (Month) OF INJURY (APPROX.)	(Doy) (Year)		INJURY OCCURRED  ile At Not While rk At Work		JURY OCCUR?	
22. I certify that (I)	(this hospital)	attended ti	he deceased from	12-30	19 64 to	1-21 19 65
that (I) (we) last so	w the deceased	alive on	1-21			pinian death accurred an the de
23A. SIGNATURE	le couses store	a obove. (I	(me) (ala) (ala har) v	iew the bady after death.		23B. DATE SIGNED
	Markton	>	Phy		Stoff Phy s.	1-21-65
23C. PHYSICIAN'S NAME (Type)				23D. ADDRESS	. "	
	. Howard	K. Rat	hbun M.D.	4940 Eastern		21224
REMOVAL (Specify)			AME at CEMETERY OF CRI			City, town, or county) (State)
Burial  SA. DATE REC'D BY HEAD	1/23/65 TH DEPT. 2		Lawn Cemet		ltimore C	
JAN	25 1965	Robert	FE. Farley M.A	John M. We	ber & Son ster St.	s Inc.

VS 150-REV. 1/1/65

John M. Weber & Sons Inc. 401 S. Chester St.

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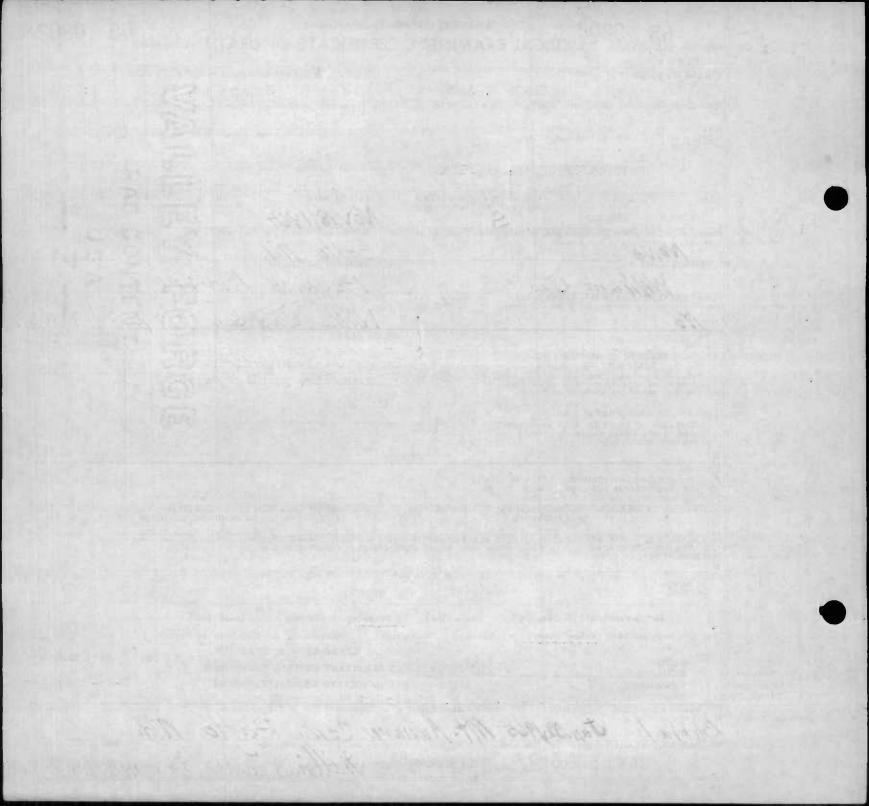
ALE YES OFFICERED IN THE STREET AND ADDRESS OF THE STREET, AND ADDRESS OF T

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	BALTIMORE CITY H MEDICAL EXAMINER'S	EALTH DEPARTMENT CERTIFICATE OF DEA	TH Registered No.
LE CASE NO.			
ype or Print)		2. DATE AND HOL	JR PRONOUNCED DEAD
ype or Filmil	GEORGE A. JACKSON	Januar	y 19, 1965
PLACE IN BALTIMORE, MAR	YLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceos	ed lived. If institution: reside

RTH NO. 64-37	0802 MED	DICAL EXA		CERTIFICAT		ATH Regist	ered No.	5080
E CASE NO.								
NAME OF DECEA	SED				2. DATE AND	HOUR PRONOUN	CED DEAD	
ype or thin		GEORGE A. J	ACKSON			ary 19, 1		9:25 A M.
PLACE IN BALTIM	ORE, MARYLAND,	WHERE PRONOUNCE	D DEAD	4. USUAL RESIDE	NCE (Where dec	eosed lived. If in:	stitution: reside	nce befare odmission)
ILL NAME OF	(IE NOT IN HOSPI	TAL OR INSTITUTION	CIVE STREET	Mary	land			
OSPITAL OR	ADDRESS OR LOC	ATION)	, OIVE STREET	C. CITY OR TOW	N (If outside c	arporate limits, wri	te RURAL and	give township)
				Balt	imore		1 %	101
	FRANKLIN	SQUARE HOSP	TTAL	D. STREET ADDR	ESS (If rurol, giv	re lacation)		
						eder Stre		
	RACE	7. MARRIED, NEVI		B. DATE OF BIRTH		9. AGE (In years last birthday)		Yr. If Under 24 Hrs
Male	Negro	S		NOV,18,	1964	1	2	
	TION (Give kind of wi	ork TOB. KIND OF BUS	INESS OR INDUST	RY 11. BIRTHPLACE (	State or foreign c	ountry)	12. CITIZEN	OF COUNTRY?
/VONE	3			Ba/10.	Mid.			
FATHER'S NAME	11	/		14. MOTHER'S MA	AIDEN NAME	na.		
18/1/	iam U	20/30N		Bern	Vice 1	Morki	3	
	yes, give war ar do		OCIAL ECURITY NO.	17. INFORMANT	. /		ADDRESS	,
No				William	12/2 ako	Cx 1 3	17 A1.6	Pakene Join.
18.	1)		CAUS	E OF DEATH	W V2 L7 1	$\omega_{ii}$ $\omega_{j}$	11	NTERVAL BETWEEN
571	/ I						C	NSET AND DEATH
LISTASE	OR CONDITION I	TH	Iı	nterstitial	nnoumon	itis		
(TL) 1 .				rectocient	. prieumon			
heart failure, as	mean the made	of dying, e.g.,						
heort failure, as injury or compli	meon the made thenro, etc. It mea ication which couse	of dying, e.g., ns the disease, d death.)		titis media				*******************************
injury or compli	meon the made sthenio, etc. It mea ication which coused	d death.)						
ANT DISEASES OR	TECENDENT CAU CONDITIONS, IF	d death.) SES ANY, GIVING						
ANT DISEASES OR RISE TO THE A	TECENDENT CAU	SES ANY, GIVING STATING THE	(B)	titis media				
ANT DISEASES OR RISE TO THE A UNDERLYING	TECENDENT CAU CONDITIONS, IF ABOVE CAUSE (A) CONDITION LAST	SES ANY, GIVING STATING THE	DUE TO O	titis media				
ANT DISEASES OR RISE TO THE A UNDERLYING	TECENDENT CAU CONDITIONS, IF ABOVE CAUSE (A) CONDITION LAST	SES ANY, GIVING STATING THE	(B)	titis media				
ANT DISEASES OR RISE TO THE A UNDERLYING	ECENDENT CAU CONDITIONS, IF ABOVE CAUSE (A) CONDITION LAST	SES ANY, GIVING STATING THE . S CONTRIBUTING SELATED TO THE	(B)	titis media				
OTHER SIGNIFI TO THE DE	ECENDENT CAU CONDITIONS, IF ABOVE CAUSE (A) CONDITION LAST  II ICANT CONDITION ATH BUT NOT F	SES ANY, GIVING STATING THE  S CONTRIBUTING SELATED TO THE	(B) DUE TO (C)	titis media	, purule	nt, right		NSIDERED
OTHER SIGNIFI TO THE DE	ECENDENT CAU CONDITIONS, IF ABOVE CAUSE (A) CONDITION LAST  II ICANT CONDITION ATH BUT NOT F CONDITION CAUSIN PERATION [198, CO	SES ANY, GIVING STATING THE . S CONTRIBUTING SELATED TO THE	(B) DUE TO (C)	titis media	, purule		INDINGS CON	NSIDERED (H?
OTHER SIGNIFITO THE DE DISEASE OR C	II ICANT CONDITION LAST  BICANT CONDITION LAST  II ICANT CONDITION CAUSE  ATH BUT NOT FOOD TO CONDITION CAUSE  PERATION 19B. CC	SES ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE NG IT. RIGHTON FOR WHICE REFORMED	(B) DUE TO (C)	titis media	(Yes or No) 201	nt, right	INDINGS CON USES OF DEAT YES	rH?
OTHER SIGNIFITO THE DE DISEASE OR CO	II ICANT CONDITION LAST  CONDITION LAST  II ICANT CONDITION LAST  CONDITION CAUSIN  FERATION 19B. COWAS  R CONTRIB-	SES ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE NG IT. RIGHTON FOR WHICE REFORMED	(B) DUE TO (C)	titis media	(Yes or No) 201	nt, right	INDINGS CON USES OF DEAT YES	rH?
OTHER SIGNIFI TO THE DE DISEASE OR C	II ICANT CONDITION LAST  CONDITION LAST  II ICANT CONDITION LAST  CONDITION CAUSIN  CONDITION CAUSIN  PERATION 19B. CO WAS PI  CAUSE WAS  R CONTRIB- OF DEATH.	SES ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE NG IT. NODITION FOR WHICE REFORMED  218. PLAC hame, for	(B) DUE TO  (C)  H OPERATION  E OF INJURY (e.g., n, factory, street,	20A. AUTOPSY? Yes	(Yes ar No) 201 IN HERE DID (If i	nt, right  3. IF YES, WERE F CERTIFYING CAU	INDINGS CON USES OF DEAT YES	rH?
OTHER SIGNIFITO THE DE DISEASE OR CONTROL OF INJURY	II ICANT CONDITION LAST  CONDITION LAST  II ICANT CONDITION LAST  CONDITION CAUSIN  FERATION 19B. COWAS  R CONTRIB-	SES ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE NG IT.  PODITION FOR WHICE REFORMED  21B. PLAC hame, for etc.)  21E. If	(B) DUE TO  (C)  H OPERATION  E OF INJURY (e.g., n., factory, street,	20A. AUTOPSY? Yes in ar about 21C. W	(Yes or No) 201	nt, right  3. IF YES, WERE F CERTIFYING CAU	INDINGS CON USES OF DEAT YES	rH?
OTHER SIGNIFITO THE DE DISEASE OR COUNDERLYING	II ICANT CONDITION LAST  CONDITION LAST  II ICANT CONDITION LAST  CONDITION CAUSIN  CONDITION CAUSIN  PERATION 19B. CO WAS PI  CAUSE WAS  R CONTRIB- OF DEATH.	SES ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE NG IT. NODITION FOR WHICE REFORMED  218. PLAC hame, for	(B) DUE TO  (C)  H OPERATION  E OF INJURY (e.g., n, factory, sheet, n)  NJURY OCCURRED	20A. AUTOPSY? Yes	(Yes ar No) 201 IN HERE DID (If i	nt, right  3. IF YES, WERE F CERTIFYING CAU	INDINGS CON USES OF DEAT YES	rH?
OTHER SIGNIFITO THE DE DISEASE OR COMPANY OF INJURY (APPROX.)	II ICANT CONDITION LAST  II ICANT CONDITION LAST  III ICANT CONDITION CAUSE  III ICANT CONDITION CAUSE  III ICANT CONDITION CAUSE  FERATION 19B. COWAS PI  CAUSE WAS  R CONTRIB- OF DEATH.  Manth) (Day) (Ye	SES ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE NOTITION FOR WHICE REFORMED  218. PLAC hame, for etc.)  (Hauri) 21E. If WHILE M. WHILE	(B) DUE TO  (C)  H OPERATION  E OF INJURY (e.g., n, factory, street, not at 1)	20A. AUTOPSY? Yes in ar about 21c. W affice bidg, INJURY 21F. HO	(Yes or No) 201 IN HERE DID OCCUR?	nt, right  3. IF YES, WERE F CERTIFYING CAU  n. Baltimore City, (	INDINGS CON USES OF DEAT Yes give exact loca	rH?
OTHER SIGNIFITO THE DEDISEASE OR COUNTRY OF INJURY (APPROX.)	II ICANT CONDITION LAST  II ICANT CONDITION LAST  III ICANT CONTINE IN	SES ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE NO IT. PARTICLE TO THE CRETCH TO THE PARTICLE TO THE NO IT.  118. PLAC hame, for etc.)  118. PLAC hame, for etc.)  119. WHILE WORK  Inquiry Ins	(B) DUE TO  (C)  H OPERATION  E OF INJURY (e.g., n, factory, sheet, NJURY OCCURRED  AT NOT AT Spection AT	20A. AUTOPSY? Yes in ar about 21C. W affice bldg., INJURY WHILE WORK vork	(Yes or No) 201 IN HERE DID (If i OCCUR?	nt, right  B. IF YES, WERE F CERTIFYING CAL  D. Baltimore City, 9  OCCUR?	INDINGS CON USES OF DEAT Yes give exact loca	rH?
OTHER SIGNIFITO THE DEDISEASE OR COUNTRY OF INJURY (APPROX.)	II ICANT CONDITION LAST  II ICANT CONDITION LAST  III ICANT CONTINE IN	SES ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE NOTITION FOR WHICE REFORMED  218. PLAC hame, for etc.)  (Haur) 21E. If WHILE M. WHILE	(B) DUE TO  (C)  H OPERATION  E OF INJURY (e.g., n, factory, sheet, NJURY OCCURRED  AT NOT AT Spection AT	20A. AUTOPSY? Yes in ar abaut 21C. W affice bldg., INJURY  WHILE WORK  Jopsy Word Hamicic	(Yes ar No) 201 IN HERE DID (If i OCCUR?	RET, Tight  3. IF YES, WERE FORTHYING CALL  10. Baltimore City, of the control of	INDINGS CON USES OF DEAT Yes give exact loca	rH?
OTHER SIGNIFITO THE DE DISEASE OR CONTROL OF INJURY (APPROX.)	II ICANT CONDITION LAST  II ICANT CONDITION LAST  III ICANT CONTINE IN	SES ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE NO IT. PARTICLE TO THE CRETCH TO THE PARTICLE TO THE NO IT.  118. PLAC hame, for etc.)  118. PLAC hame, for etc.)  119. WHILE WORK  Inquiry Ins	(B) DUE TO  (C)  H OPERATION  E OF INJURY (e.g., n, factory, street, NJURY OCCURRED  AT NOT AT NOT AT Spection AI Suici	20A. AUTOPSY? Yes in ar about 21C. W affice bldg., INJURY  WHILE WORK  topsy wond de Hamicic	(Yes ar No) 2018  HERE DID (If i OCCUR?  W DID INJURY  that on this because of the control of th	ALT, Tight  3. IF YES, WERE FORTHYING CAU  10. Baltimore City, of  OCCUR?  Cosis, deoth In  letermined manual MINER	INDINGS CON USES OF DEAT Yes give exact loca	rH?
OTHER SIGNIFITO THE DE DISEASE OR CONTROL OF INJURY (APPROX.)  21. A. EXTERNAL (CUNDERLYING OUTING CAUSE  21. D. TIME (APPROX.)  22. I certify resulted ACTUAL SIGNATUR	IIIICANT CONDITION LAST IIIICANT CONDITION LAST IIIICANT CONDITION CAUSIN FERATION 19B. COWAS PI CAUSE WAS R CONTRIB- OF DEATH.  Wanth) (Day) (Ye  who I held on I from: Noturol c	SES ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE NO IT. PARTICLE TO THE CRETCH TO THE PARTICLE TO THE NO IT.  118. PLAC hame, for etc.)  118. PLAC hame, for etc.)  119. WHILE WORK  Inquiry Ins	(B) DUE TO  (C)  H OPERATION  E OF INJURY (e.g., n, factory, street, NJURY OCCURRED  AT NOT AT NOT AT Spection AI Suici	20A. AUTOPSY? Yes in ar about 21C. W affice bldg, INJURY 21F. HO WORK  21F. HO WORK CHIEF ME	(Yes or No) 201 IN HERE DID OCCUR?  thot on this & le Und	DOSIS, deoth In letermined manual MINER	my opinion	DATE SIGNED
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OTHER SIGNIFITO THE DE DISEASE OR CONTROL OF INJURY (APPROX.)  21. A. EXTERNAL (OUNDERLYING OUTING CAUSE  21. D. TIME (NOTE OF INJURY (APPROX.))  22. I certify resulted ACTUAL SIGNATUR	III ICANT CONDITION LAST  III ICANT CONDITION LAST  III ICANT CONDITION CAUSE CONDITION CAUSE WAS PERATION 198 CONDITION  ATH BUT NOT F CONDITION CAUSE WAS PI  CAUSE WAS R CONTRIB- OF DEATH.  Month) (Day) (Ye  Thot I held on I from: Noturol c	SES ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE REGIT.  STORMED  218, PLAC hame, for etc.)  (Haur)  21E. If WHILE m. WHILE MORK  Inquiry  Ins ouses  Accid	(B) DUE TO  (C)  H OPERATION  E OF INJURY (e.g., n, factory, street, NOT AT 1)  Spection AT Spection AT Spection Suici	20A. AUTOPSY? Yes in ar about 21C. W affice bldg, INJURY  21F. HO WHILE WORK  CHIEF ME ASSISTANT ME ASSOCIATE ME M.D.	(Yes or No) 201 IN HERE DID OCCUR?  thot on this & le Und	DOCUR?  DOCUR?  DOCUR?  DOCUR?  DOCUR?  DOCUR?	my opinion	DATE SIGNED
OTHER SIGNIFITO THE DE DISEASE OR CONTROL OF THE DISEASE OR CONTROL OF THE DESCRIPTION OF THE DESCRIPTION OF THE DISEASE OF THE DIS	III CANT CONDITION LAST  CONDITION LAST  III CANT CONDITION LAST  CONDITION CAUSE  WAS PERATION 198 CONDITION  ATH BUT NOT F CONDITION CAUSE  WAS PI  CAUSE WAS  R CONTRIB- OF DEATH.  Month) (Day) (Ye  Thot I held on  If from: Noturol c	SES ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE REGIT.  STORMED  218, PLAC hame, for etc.)  (Haur)  21E. If WHILE m. WHILE MORK  Inquiry  Ins ouses  Accid	(B) DUE TO  (C)  H OPERATION  E OF INJURY (e.g., n, factory, street, NJURY OCCURRED  AT NOT AT Spection A Spection Suici	20A. AUTOPSY? Yes in ar about 21C. W affice bldg, INJURY  21F. HO WHILE WORK  CHIEF ME ASSISTANT ME ASSOCIATE ME M.D.	(Yes ar No) 201   IN   HERE DID (If i OCCUR?  That on this is the Under the Color of the Color o	DOCUR?  DOCUR?  DOCUR?  DOCUR?  DOCUR?  DOCUR?	my opinion	DATE SIGNED
OTHER SIGNIFI TO THE DE DISEASE OR CONTROL OF THE DISEASE OF CONTROL OF THE DISEASE OF	IIIICANT CONDITION LAST  IIIICANT CONDITION LAST  IIIICANT CONDITION LAST  IIIICANT CONDITION CAUSIN  PERATION 19B. COWAS  R CONTRIB- OF DEATH.  Manth   (Day) (Year)  I that I held on the from: Notural causin  I that I held on the from: Notural causin  I that I held on the from: Notural causin  I that I held on the from: Notural causin  I that I held on the from: Notural causin  I that I held on the from: Notural causin  I that I held on the from: Notural causin  I that I held on the from: Notural causin  I that I held on the from: Notural causin  I that I held on the from: Notural causin  I that I held on the from: Notural causin  I that I held on the from: Notural causin  I that I held on the from: Notural causin  I that I held on the from: Notural causin  I that I held on the from: Notural causin  I that I held on the from: Notural causin  I that I held on the from: Notural causin  I that I held on the from: Notural causin  I that I have the from th	SES ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE REGIT.  STORMED  218, PLAC hame, for etc.)  (Haur)  21E. If WHILE m. WHILE MORK  Inquiry  Ins ouses  Accid	(B) DUE TO  (C)  H OPERATION  E OF INJURY (e.g., n, factory, street, NJURY OCCURRED  AT NOT AT Spection A Spection Suici	20A. AUTOPSY? Yes in ar about 21C. W affice bldg, INJURY  21F. HO WHILE WORK  CHIEF ME ASSISTANT ME ASSOCIATE ME M.D.	(Yes or No) 201  HERE DID (If i OCCUR?  Thot on this be Und EDICAL EXAM	DOCUR?  DOCUR?  DOCUR?  DOCUR?  DOCUR?  DOCUR?	my opinion ner	DATE SIGNED

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BALTIMURE	CITY	HEALTH	DEPARTMENT	

	0000		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	65 0803		CERTIFICA	TE OF DEATH	Registered No.	65 0803
M.E. CASE N					ND HOUR OF DEATH	
(Type or Print)		U DTC/PODU	פייוני			E 11.00 P.M
	TILES, ROBERT C		Truf		uary 21, 196	5 1:00 P.M. M. stitution: residence before admission)
				A. STATE B. COUI	YTY	0 14
FULL NAM			give street	Maryland		13 1228 .
INSTITUTIO	N		41.7		utside city limits, write l	RURAL ond give township)
	ms Administrat:	-	ltal	Baltimore		33-00
-	och Raven Boule				rurol, give tocotion)	
	ore, Maryland 2			312 Newfield		
5. SEX	6. RACE	WIDOWED,	NEVER MARRIED  DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
Male	White	Widowe		11/1/05	59yrs.	
	CCUPATION (Give kind of wor st of working life, even if retired)	k 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
		unkr	0.02.00	Baltimore, M	hee Free	U.S.A.
3. FATHER'S	Fitter NAME	uiiki.		14. MOTHER'S MAIDEN NA	ME	U.D.P.
Rober	ot C. Miles		7	Addie Elswor	th	ADDRESS
5. Was Dece Yes, no oi unk	ased Ever in U. S. Armed Fo nown) (If yes, give wor or dot	rces? es of service)	SECURITY NO.	VA Hospital	Records	ADDRESS
Yes	8/7/12-9/20	0/15	215 09 4823	Baltimore, M		18
1B. 1 /	4)	745	CAUSE OF		72022	INTERVAL BETWEEN
BI	SEASE OR CONDITION DI	RECTLY				ONSET AND DEATH
	LEADING TO DEATH		(A) Bron	chogenic Carci	noma with	l year
	es not mean the mode of ure, asthenia, etc. It means			lespread Metast		
	complication which caused		*****	toppe occur in our o	4505	
	ANTECEDENT CAUSES	3	(B)			
DISEASE	S OR CONDITIONS, if	any, giving	DUE TO			
rise lo	the above couse (A)		(C)			
UNDERL	YING CONDITION losi.					
-	11					
OTHER S TO TH DISEASE	EDEATH BUT NOT REL	CONTRIBUTING ATED TO TH	E A CPI/T	1 + 14	INT	11
	OR CONDITION CAUSING	IT.	- HOUD	- Milero julera	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TENT.
19A. DAT	E OF OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
		- Jana		No	44.1 0.41	
OR CON	CIDENT WAS UNDERLYING [	21 B.	PLACE OF INJURY (e.g., in ie, form, foctory, street, off	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
DEATH (	notify medical examiner	etc.				
21 D. TIM	E (Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
OF INJUI		Whi	ile At Not While			
				71.	61. Ion	mary 21st 10 65
	tify that () (this hospita			ecember 7th		M
that ()	we) lost sow the deceas	ed olive on	January 21st	19 05 ond t	hot In(my) (our) opi	nion deoth occurred on the dote
and hou	ond from the couses sto	ted obove. ()	(We) (did) (did /n/y) v	iew the body ofter deoth.		
23A. SIGN		0				23B. DATE SIGNED
	1)2:1/0	11/	MA AM.D. Atte	Med. Director	Stoff Phys.	1/21/65
23C.PHY	TCIANS	Very		3D. ADDRESS		
NAN	AE (Type)			VA Hospital, 39	000 Loch Rave	en Boulevard
DAN	LEL C. PERSYN,	M.D.	M.D.		m 2 07 07 (	
24A. BURIAL REMOV	CREMATION, 248. DATE	24C. N	AME of CEMETERY OF CRE	MATORY 24D,	VIANO 21210 LOCATION (Ci	ty, town, or county) (Stote)
Buris	- 1	65 Ce	den Hill de	not over	4 . 1. 4	Polt- 363
	-1-21	0) 06	dat util nei	metery R	tchie High	way Balto Md.
	EC'D BY HEALTH DEPT.	_ 258 NAME C	OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
	IAN 2.5 1965	258 NAME C	F REGISTRAR DEWMIN	netery R <sup>2</sup> 25C. FUNERAL DIRECTO KRAUSE FUNE	ERAL HOME	216 S. Charles S

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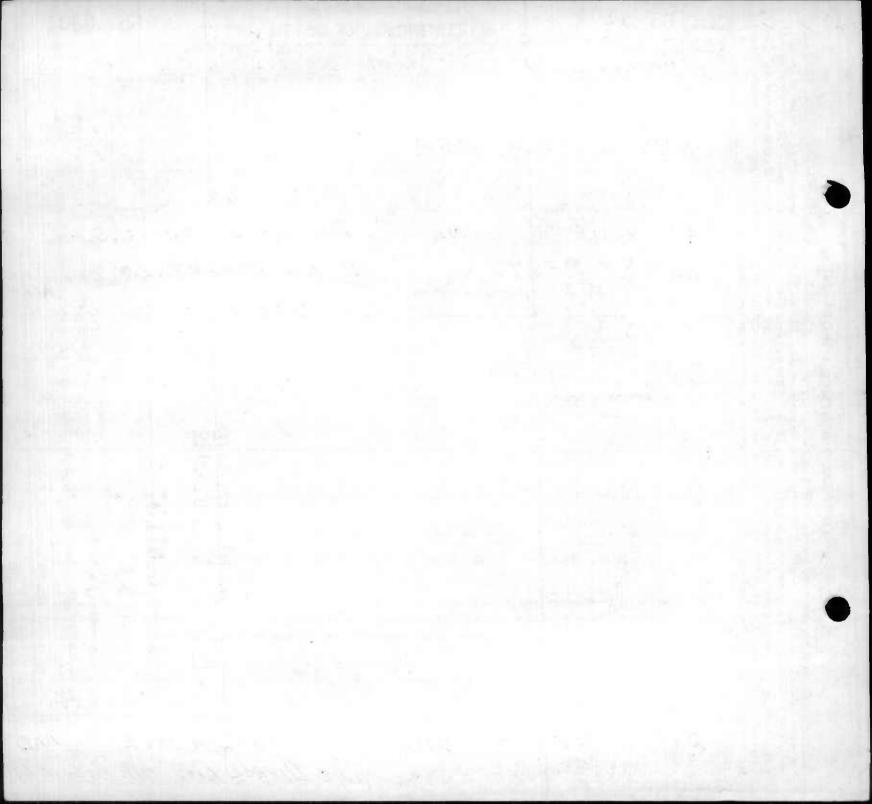
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•	FUNERAL	FUNERAL DIRECTOR: IMPORTANT	IMPORT	ANT	6	44	8-
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such	tal by a medic (2) Body burn here the physical westign we	al examiner. s; (3) A fractur cian who pare	Also, if the of any ki	e direct or nd; (4) Unde eath was in	contributive termined cregular cregular creased principal creased principal creased cr	in a hospital age cause of d tause; (5) Dece attendance on or to death.	and Cased O
written approval must be obtained before the remains are embalmed or final disposition is made.	before the remo	zins are embal	ned or fin	al disposition	is made.		

		CE 0804	BALTIMORE CITY	HEALTH DEPARTMENT		000	
		H NO. DO Catherine	CERTIFICA	TE OF DEATH	Registered No	65 USL	14
	1 N	AME OF DECEASED  Le of Print afterine O.	Petrie		D HOUR OF DEATH	1/26	PM.
	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT		ition: residence before o	odmission)
	H	FULL NAME OF (If not in hospital at institution)  HOSPITAL OR oddiess or locotion)  NSTITUTION	ion, give street	C. CITY OR TOWN (II outs	of side city limits, write RUR	AL and give township)	1
	1	DNION MEMORIAL	L HOSP.		urol, give location) egester	Ho.	
2	5. 5	wide	RIED, NEVER MARRIED  WED, DIVORCED (specify)  MAY V P		ost birthdoy)  AGE (In years II M	Under 1 Yi. If Under	ei 24 Hrs. Min.
		USUAL OCCUPATION (Give kind of work 10B. KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	2. CITIZEN OF WHAT COUNTRY?	
		AT HOME	NONE	BALTIMO	RE MA	U.S.A.	
Specia	13. 1	HENRY REUT	TER	14. MOTHER'S MAIDEN NAM		ER	
2	15. V (Yes	Was Deceased Ever in U. S. Armed Farces? s,na ar unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	AVE
		18. 9/.	CAUSE O	F DEATH	TRICH 10	OZ KEG	ESTA-
5		DISEASE OR CONDITION DIRECTLY			10	ONSET AND D	
5		LEADING TO DEATH	(A) (O	ronary -	throm6.	0500 /	CUY
5	1	(This does not meon the mode of dying, heart failure, asthenia, etc. II means the dise			451		
Ē		injury or complication which coused death.)  ANTECEDENT CAUSES	(B) 4	abets 17ee	litus		,
D		DISEASES OR CONDITIONS, if ony, give	DUE TO				
5		rise to the obove couse (A) stoling UNDERLYING CONDITION lost.		50 5 p			
		II					
E E	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO					
9	CAT	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	[20 A. AUTOPSY? (Yes at No)	20R IF VES WERE EIN	DINGS CONSIDERED	
1	CERTIFIC	WAS PERFORMED	OK WHICH OFERATION	2071 70 10131 1103 01 110	IN CERTIFYING CAUSE	S OF DEATH?	
Deror		OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)		n or obout 21C. WHERE DID INJURY OCCUR?	(If in Baltimore C	ity, give exact lacation)	
5	0	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
	>	(APPROX)	While At Work Not White At Work			. /	,
ODI		22. I certify that (I) (this hospital) attended	ed the deceased from	1/21/1	9 (1) to	1/4/	9 65
90		that (I) (we) lost sow the deceased alive	an 1/4/	19and the	ot in (my) (our) apinfo	n death occurred an	the dote
ST		and hour and from the causes stated above	e. (I) (We) (dId) (dId not)	view the bady ofter death.			
MOS		23A. SIGNATURE	711, 1 M.D. AH	ending Med.	Stoff (	BB, DATE SIGNED	6 1
5		23C.PHYSCIAN'S		ending Med. Director  23D. ADDRESS	Phys.	1/21/6	0
0		23C.PHYSCIAN'S NAME (Type)	DNIN M.D.	1123 54.	Paul	Street	
abbroval	24A	A. BURIAL CREMATION 24B. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. LC	OCATION (City,	town, or county)	(Stote)
		13 11 RIAI 1/25/65	PARKWOOD	7	SVIAD 1	11 =	MAT
	25A	A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF AEGISTAAR	25C. FUNERAL DIRECTOR	11401	ADDRESS	1012
3		TAN SP 1900 AS	ut E. Taysumil	The DIPA	el pros	7110 BeLA	IK Ru
	VS	150-REV, 1/1/65					



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the odeceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

				BALTIMORE CITY	HEALTH DEPARTMENT		05 000
	H NO. 65	0805		CERTIFICA	TE OF DEATH	Registered Na	65 0805
1, N	AME OF DEC	EASED			2. DATE AN	D HOUR OF DEATH	
(Тур	e ai Print) Si	ster Josephin	e Sel	lew (Edna Josepi	hine) Jan. 2	1, 1965	1 4:56 A.M
L;	LACE OF DE	ath in Baltimort Ma est Hill Road	RYLAND or institution		A. USUAL RESIDENCE (Where A. STATE B. COUN'	e deceased lived. If in	stitution: residence before admission)
	NSTITUTION	ougless of focontri	"		C. CITY OR TOWN (If outs	side city limits, write l	RURAL and give township)
V	illa St	. Michael			Emmitsburg D. STREET ADDRESS (If )	urol, give location)	60-00
					St. Joseph's P	rovincial H	louse
5. SI	emale	6. RACE White	7. MARRI WIDO	ED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	P. AGE (In years ast birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		UPATION (Give kind of work working life, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
R	eligiou	s Sister			Bellerica, Mass		U.S.A.
13. F	ATHER'S NA	WE			14. MOTHERS MAIDEN NAM	A E	
15. V	Vos Deceased	Sellew -borr	ces?	incetown, Mass.	Eliz. M. Parks 17. INFORMANT		ADDRESS
	NO			IVUNE	Sister Mary Lou	ise, neou r	
	1B. DISEA	SE OR CONDITION DIE	ECTLY	CAUSE O	FDEATH		ONSET AND DEATH
	(This does i	LEADING TO DEATH	dying, e	(A) Myoca	ardial decompens	ation	3 days
		asthenia, etc. It means		50,			
			dedii./	Endo	carditis		12 years
	DUE TO						
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	UNDEKLIIN	S CONDITION last.					
ATION	TO THE D	IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO		Foul		
	19A. DATE OF	OPERATION 19B. CON		OR WHICH OPERATION	NO	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
0	OR CONTRIBI	NT WAS UNDERLYING DING CAUSE OF		21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, of etc.)	at about 21C. WHERE DID	(If in Baltimore	City, give exact location)
ă	21 D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
	OF INJURY (APPROX.)			While At Not While At Work			
	22. I certify	that (1) (this haspital	) attende		Sept. 16, 1	9 60 ta	Jan. 21, 1965
		last saw the decease					nian death accurred an the date
				. (I) (We) (did) (did nat) v		ii iii(iiiy) (doi) api	mon death accorred an the date
	23A. SIGNATU		111				23B. DATE SIGNED
	M	Melel /	Ula	Phy:	Director L	Stoff Phy s.	Jan. 21, 1965
	NAME (1	ype)	//	M.D.	23D. ADDRESS	ulcer.	frin
24A.	BURIAL CRE	MATION, 248. DATE	1245	. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION	ty, town, or county) (State)
25A.	BURI DATE REC'D	AL 1-23-	65 258 NAN	St. Joseph	S Cem. Em	mitsbur	g-Fredk. CoMd.
		JAN 25 1965	02.0	est E, Jaken M.A	Gtowart L	Monden -1	100 W North Dup -
VS 1	50-REV. 1/1/	65.			JILWAI 1 4	I DANG IA - 1	DATINUITI FIVE

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BALTIMORE	CITY	HEALTH	DEPARTMENT

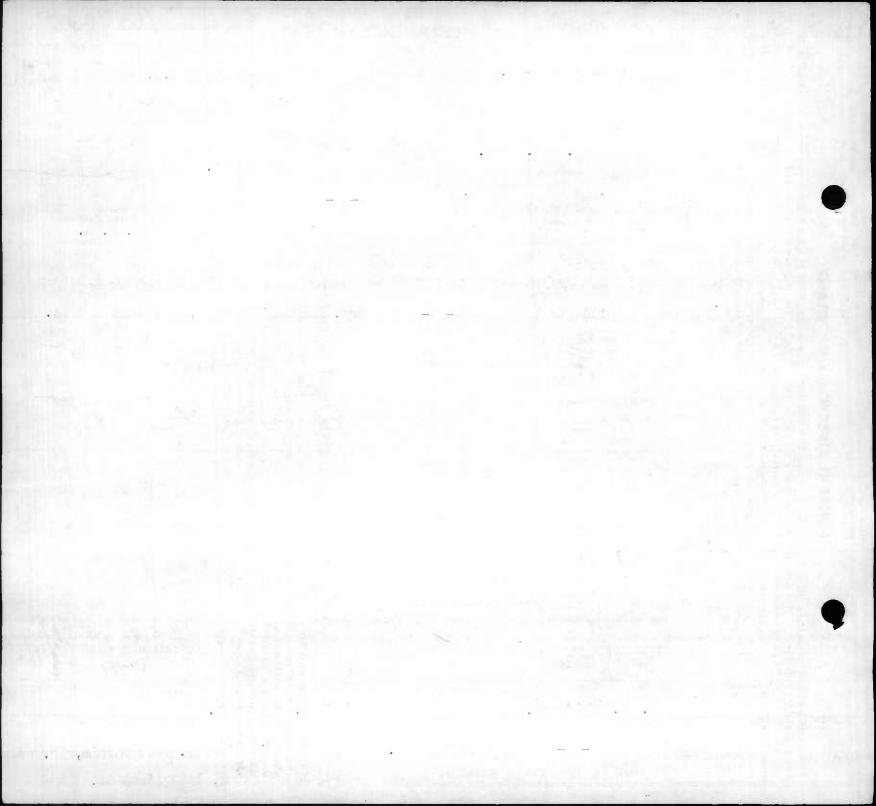
CE DODIT

BIRTH NO. 65 0807	CERTIFICA	TE OF DEATH	Registered Na	00 0004
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	
(Type or Pant)  Kraft Herman C		,	101/05 11 5	N
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (W	Vere deceased lived. IFIn	stillution: residence before admission)
		hamrland.		2-302
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	ion, give street	c. citt of town	all Street	(URAL ond give township)
INSTITUTION			outside city limits, write i	TURAL and give township)
		Baltimore		
South Balto. Gen. Ho	sp.	D. STREET ADDRESS	If rurol, give location)	
		1224 Marsh	nall St.	
	IED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs.
Male White	Married (specify)	12-16-02	62	
10A. USUAL OCCUPATION (Give kind of work 108, KIN)				12. CITIZEN OF
done during most of working life, even if retired)				WHAT COUNTRY?
Guard	Retired	Baltimore		U. S. A.
3. FATHERS NAME		14. MOTHER'S MAIDEN N		
John Kraft		Ella Hoffi	man	
	11.7	17 11150011 (117		ADDRESS
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of servi	ce) SECURITY NO.	17. INFORMANT		ADDRESS
	220-30-2668	Mana Manausan	the Knost 12	2/ Manchall S+
Yes World War 1	CAUSE 0		ite Kraft, 12	INTERVAL BETWEEN
700114000	0.1001	(	2 1 1	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	· M.	1 - 1 la 0	toring	· - 65/10 - 7
(This does not mean the made of dying,	e.g., DUE TO	50000	60 mgs 17 1-	3
heart foilure, asthenia, etc. It means the dise		Crown 1	4	
injury or camplication which coused death.)	- 6	la s'cleros	15- Seneral	sell ,
ANTECEDENT CAUSES	DUE TO	4 - V		1000
DISEASES OR CONDITIONS, if any, gi	ving	An Beter	melley	-
	rise to the above cause (A) stating the			
UNDERLYING CONDITION last.				
- I I I I I I I I I I I I I I I I I I I	0/			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.	1116			
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
WAS PERFORMED			III CERIII IIII CA	OSES OF DEATH.
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	mice bidg., INJURT OCCUR!		
U '				
21D. TIME (Month) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID t	NJURY OCCUR?	
(APPROX)	While At Not Whi			
22. I certify that (I) (this hospital) attend	ad the deserred from	1955	10 40	10
	.1.	- 1065	17	
that (I) (we) last saw the deceased alive	//			nion death accurred an the dat
and have and from the causes stated above	e. (1) (WE) (dish (did not)	view the bady after deat	h. NE 19	01 212XH
23A. SIGNATURE			09	23 B. DATE SIGNED 1/2/1
1X Gelleson-	M.D. Att	ending Med.	Stoff -	1/22/65 -5 85
THE BUYERS AND	Phy		Phys.	1/20/02 185
23C. PHYSICIAN'S NAME (Type)	allegy "	23D. ADDRESS		
E. S. Ellison.	/ M.D.	107 E. We	st St. #30	
24A. BURIAL CREMATION 24B. DATE 24	C. NAME of CEMETERY of CR			ty, town, or county) (Stote)
REMOVAL (Specify)				
Burial 1-25-65	Glen Haven Cem. ME OF REGISTRAR	B	itchie Hwy. (	len Burnings Md.
	ME OF REGISTRAR		Mar.	
JAN 25 1965 ()	TE STADWAR	Flynn & F	leming, 1422	Light St.

VS 150-REV. 1/1/65

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Flynn & Fleming, 1422 Light St



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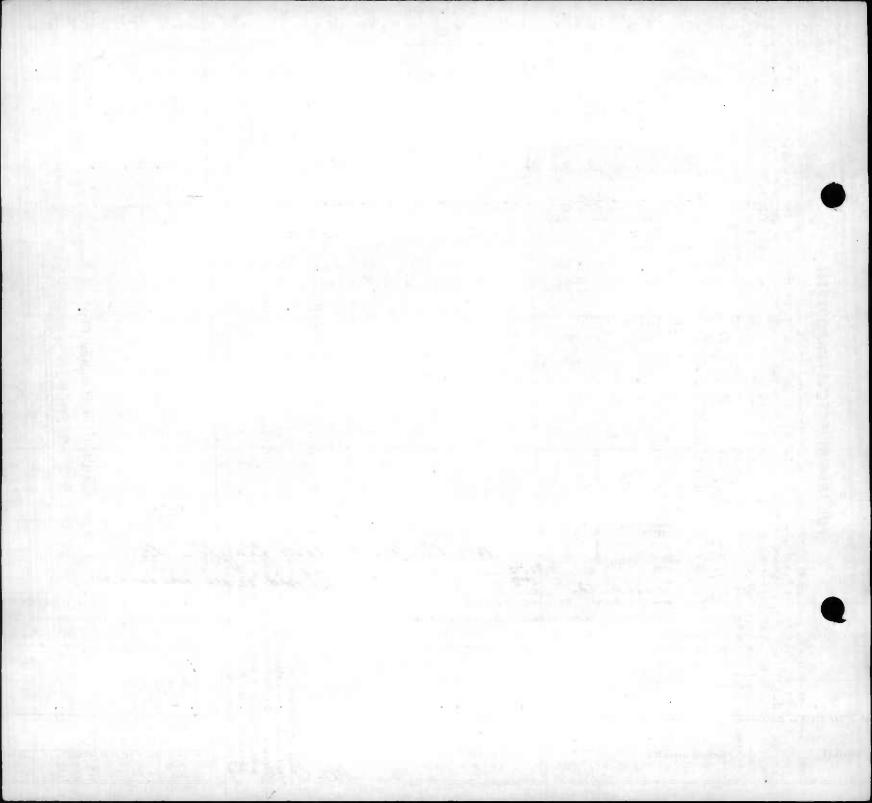
be

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ritten

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 19 John Willett /65 11:00 a. M. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) B. COUNTY Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or lacation) C. CITY OR TOWN (If autside city limits, write RURAL and give township) INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) 1607 Clayton Court Balto. 25, South Baltimore General Hospital 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) If Under 1 Yr. Months: Days 7. MARRIED, NEVER MARRIED If Under 24 Hrs. 5. SEX Hours WIDOWED, DIVORCED (specify) 28 1909 Male White Married 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Chauffeur Trucking Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John J. Willett Helen Unknown Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 213 05 1878 Lillian W. Willett 1607 Clayton Ct. No INTERVAL-BETWEEN CAUSE OF DEATH ONSET MOND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease ROY injury or complication which caused death.) 0 ANTECEDENT CAUSES giving DISEASES OR CONDITIONS, if ony, the obove cause (A) slaling Ihe UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Soltimore City, give exact location) MEDICAL DEATH (notify medical examiner) auton 1607 8 (Hour) 21F. HOW DID INJURY OCCUR (Doy) 21E. INJURY OCCURRED (Year) OF INJURY 150 While At Not While (APPROX.) Work 22. I certify that M) (this hospital) attended the deceased from that (M (we) lost saw the deceased alive an. ond hour ond from the causes stated obove. (!) (We) (did) (did nat) view the body ofter deoth. 23A, SIGNATURE 238, DATE SIGNED Attending Phys. Med. Stoff Phys. Director L 2000 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS CHUNG K. BAE, M.D. M.D. South Balto. Gen. Hosp. - 1213 Light St.

ond that in ( our) opinion death occurred on the date 24A. BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) ANNE ARUNDEL COUNT 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

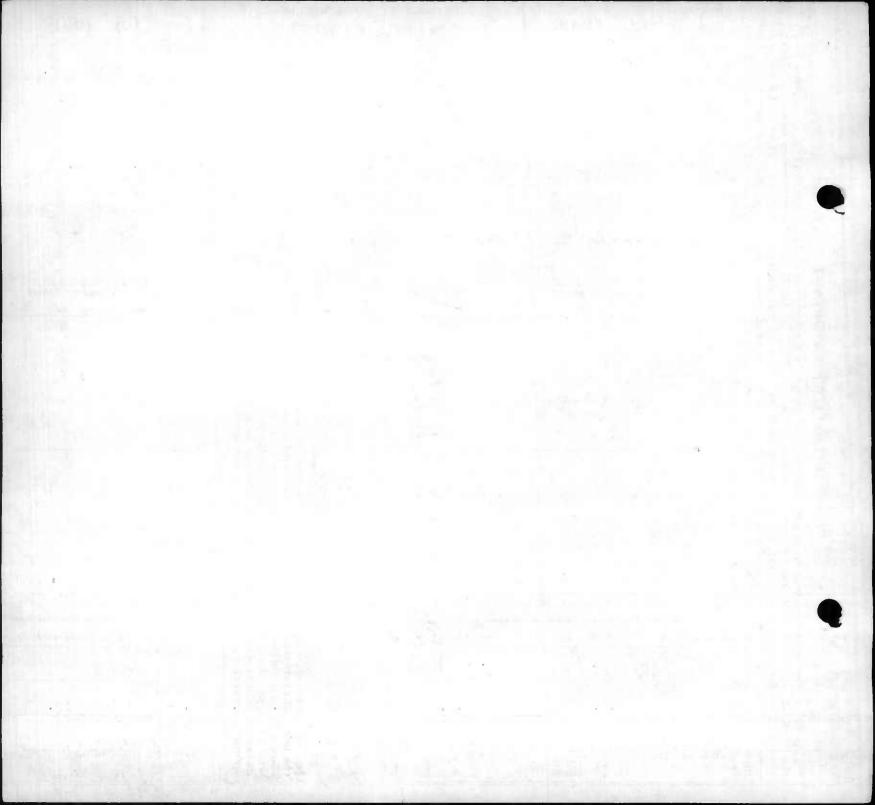


BAITIMADE	CITY	HEALTH	DEPARTMENT
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DALLIMONE	CIT I TIES		CARTMENT	
CERTIFI	CATE	OF	DEATH	

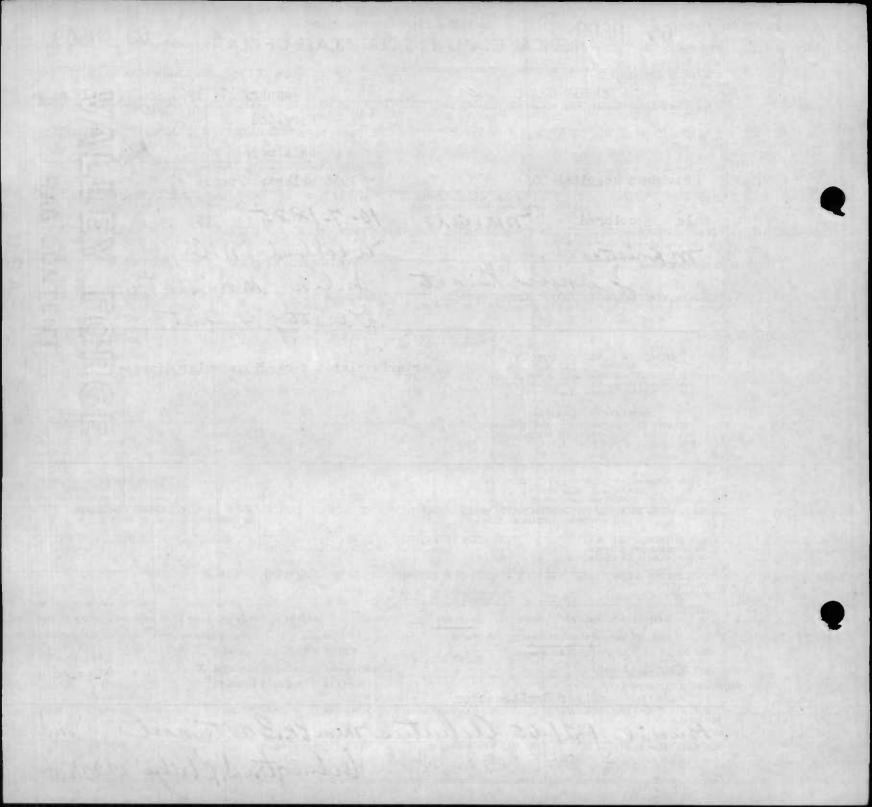
BIRTH NO. 60 HTRIB	38	CERTIFICA	ATE OF DEATH	Registered No	<del>53 0808</del>
M.E. CASE NO.  1. NAME OF DECEASED			2 DATE AL	ND HOUR OF DEATH	
Type or Print)					10 ==
	nie Newso	ome	1/21,		8:17 p. ~
. PLACE OF DEATH IN BALTIMO	KE, MARILAND		A. STATE B. COUN	NTY	titution: residence before odmission)
	14.1		Maryland	4	1102
FULL NAME OF (If not in I HOSPITAL OR oddress or	nospital or institut location)	rion, give street	C. CITY OR TOWN (If ou		URAL and sive toweship)
INSTITUTION			C. CITI OR TOWN III 80	riside city limits, write ki	OKAL ond give lownship!
			Baltimor	re	
			D. STREET ADDRESS (If	rural, give location)	
Bonth Baltimore G	eneral Ho	spital	1143 Wicomico	Street Bal	to. 30. Md.
SEX 6. RACE		RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
	WIDO	OWED, DIVORCED (specify)		lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Female White	Wid		3/17/00	. 64	
A. USUAL OCCUPATION (Give kin		D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	eign country)	12, CITIZEN OF WHAT COUNTRY?
one-during most of working tife, even if	retired)	1	91 0		O . O .
Housewell	an	Lone	Garlle Gas	calma	4.5.4.
FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
7	Strick]	band	Datte		
			Betty		
. Was Deceased Ever in U. S. Ar es, no or unknown) (If yes, give wo	or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		Rome of Greek
Acro -	~		0 15	- 1 122 12	2 1 1 2
100		CAUSE	Source Throse	-xu 133/3	INTERVAL BETWEEN
18. 78 4		CAUSE	OF DEATH	1	ONSET AND DEATH
DISEASE OR CONDITI			1 /01.11		
LEADING TO	DEATH	(4)	DONA THEIL	120	
(This does not meon the m					
heart failure, asthenia, etc. It		ose,			
ANTECEDENT C	AUSES	DUE TO	**************************************	***********	
DISEASES OR CONDITION	S, if ony, gi				
rise to the obove cous		the (C)			
UNDERLYING CONDITION I	ost.				
11					
OTHER SIGNIFICANT CONDIT	IONS CONTRIBL	JTING			
OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CAL		THE			
19A. DATE OF OPERATION 115		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	0) 20R IF YES WERE FI	INDINGS CONSIDERED
	AS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?
			No		
OR CONTRIBUTING CAUSE	YING -	21B. PLACE OF INJURY (e.g.,	office bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
DEATH (notify medical examine	)	etc.)	bince biag., INJORI OCCOR:		
OF INJURY (Month) (Doy)	(Year) [Hour)	21E. INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
(APPROX.)		While At Not Wh			
		Work At Wor			
22. I certify that (14) (this h	ospital) ottend	led the deceased from	1/6/65	19	21/65 19
					ion death occurred on the dat
					ton decin occurred on the dor
ond haur and from the cous	es stated obov	re <del>r (1)</del> (We) (did) ( <del>did not)</del>	view the body ofter deoth.		
23A. SIGNATURE	1				23B. DATE SIGNED
-W/11/1/1/	- V	M.D. A	ttending Med.	Staff Phys.	1/22/65
11000 2100	cherry	Millian PH	lys. Director	Phys. LA	1/22/02
23C-PHYSICIAN'S NAME (Type)			23D. ADDRESS		
	LCHENSTE	TN. M.D. M.D	South Balto. G	en. Hosn -	1213 Light St.
4A. BURIAL CREMATION, 24B. D					
REMOVAL (Specify)	7	C. NAME OF CEMETERY OF C	1.1- 1	LOCATION (City	Jown, or county) (State)
3.1.11	26-65	MUe, HB	uln Cem	Floor Ils	esperil Vist
SA. DATE REC'D BY HEALTH DEP	T.  258 NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	TUVI JOH	ADDRESS SIC
	65 120.	Br E Starley M. A.	O A DIRECTION	1 8	50
JAN 20 R	JUJ Colse	UT E, Jankey Mill	the tome	it for the	901 Halling Ct

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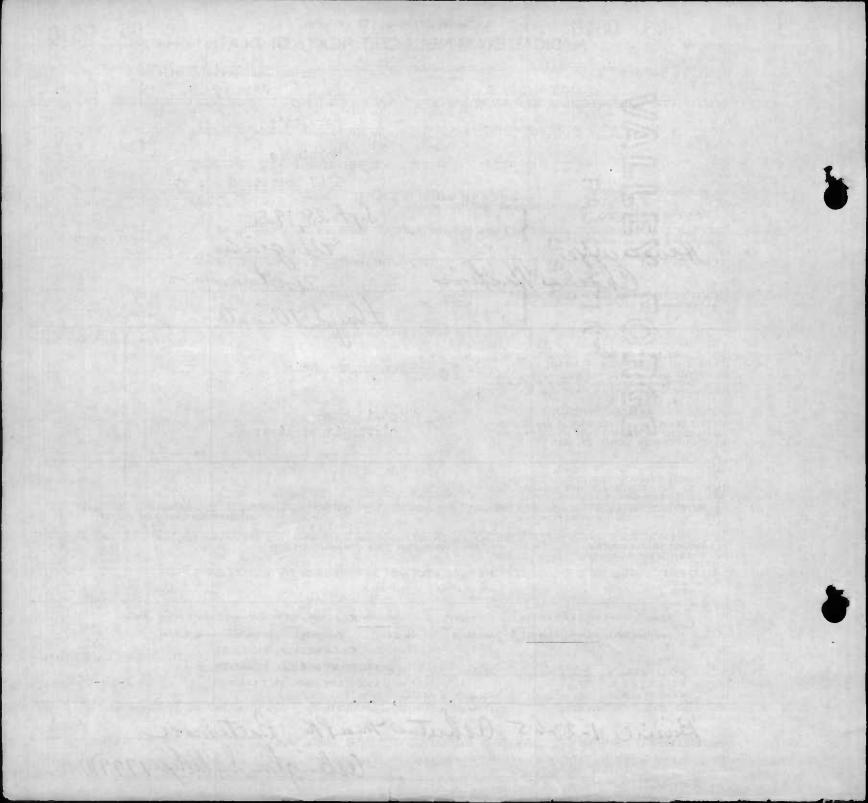
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G.	6	5	3	

65 0809 BALTIMORE CITY HEAD	65 0000
92110	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO. 9 / 29 1. NAME OF DECEASED	2, DATE AND HOUR PRONOUNCED DEAD
ROSSIE GRANT C.	January 17, 1965 1 4:35 a M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE  Maryland  Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	Baltimore / 5 - 0 /
	D. STREET ADDRESS (II rurol, give location)
Provident Hospital DOA	1956 Walbrook Avenue
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In yeors   If Under 1 Yr, If Under 24 Hrs.   Months, Doys, Hours, Min.
male colored mariel	10-7-1885 79
IOA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	Woodland , n. C.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Junus Frant	Julia M.N. 7/ntnaun
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO.	17UNFORMANT ADDRESS
tres, no or other own, try yes, give wor or acted or services	Darathy & runt same
IB. CAUSE	E OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	iosclerotic cardiovascular disease
(This does not meen the mode of dying, e.g., heart foilute, osthenio, etc. It means the disease, injury or complication which coused death.)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) office bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.)  WHILE AT NOT WORK AT W	WHILE ORK
22	and that an this basis, death in my apinian
rasulted fram: Natural causes Accident Suicid	de Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
SIGNATURE M.D	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S NAME (Type) Rudiger Breitenecker	ASSOCIATE MEDICAL EXAMINER 1-17-65
23A, BURIAL CREMATION, 23B, DATE 23C, NAME OF CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)  1 Surial 1-21-65 arbutus  24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR.	Mem P. K. Baetemase Md.
JAN 25 1965 Registrar	alinators Phillips 1727N West
VS 151-REV. 1/1/65	The state of the s

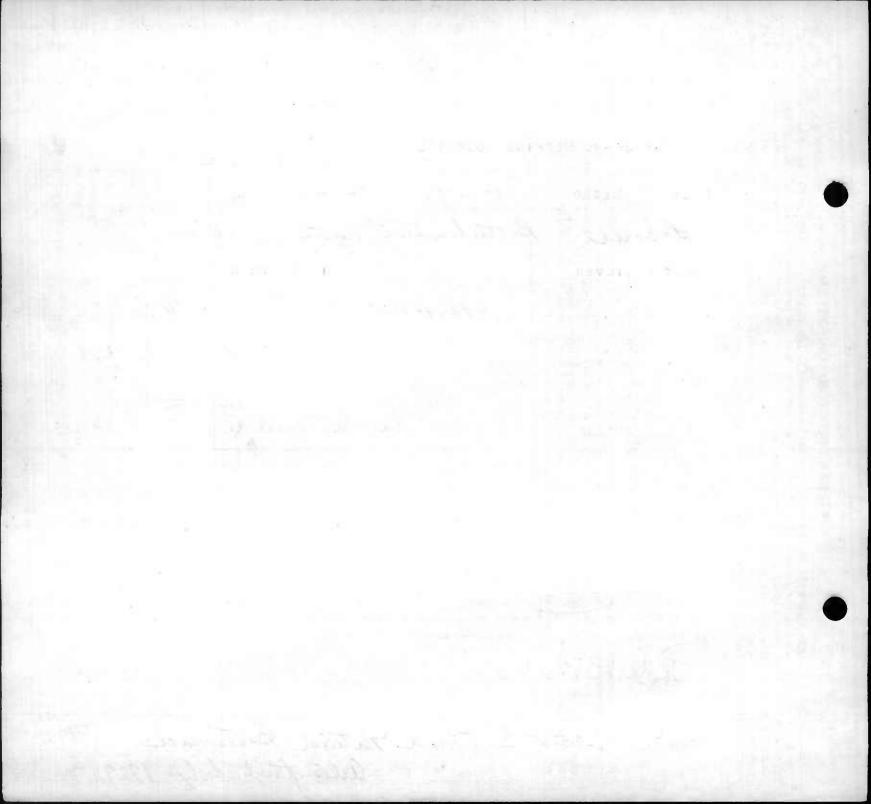


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6.	5 0810	BALTIMORE CITY H	EALTH DEPARTMENT	65 00:0
BIRTH NO.	MED	ICAL EXAMINER'S	CERTIFICATE OF DEATH Regis	itered No.
M.E. CASE NO.	27364	MENTERIE		
1. NAME OF DE		TITNOMON	2. DATE AND HOUR PRONOUN	
3 PLACE IN RAI		WINSTON HERE PRONOUNCED DEAD	January 19,	
S. FEACE III BAL	THOUSE WAREARD, W	HERE PROMODINCED DEAD		OUNTY
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOWN (If outside corporate limits, w	rite RUBAL and give town ship.
	ST. JOSEPH	HOSPITAL	D. STREET ADDRESS (If rurol, give locotion)	1-01
			1547 Homestead Street	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In year	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Female	Negro	WIDO WED, DIVORCED (Specily)	Sept. 28, 1920 44	TVOILING DOYS TOOMS TVOIL
	UPATION (Give kind of worl working life, even if retired)	108 KIND OF BUSINESS OR INDU		12. CITIZEN OF WHAT COUNTRY?
Hou	se wille,		Virginia	
13. FATHER'S NA	ME PO	11. 1-	14. MOTHER'S MAIDEN NAME	
16 WAS DECEAS	Charles	FORCES? 16, SOCIAL	17. INFORMANT	ADDRESS
	ED EVER IN U.S. ARMED		17. INFORMANT	ADDRESS
			Floyd Winston	James
18,	401	CA	USE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEA	ASE OR CONDITION DI LEADING TO DEATH	RECTLY		
(This does	not meon the mode of	dying, e.g., DUF TO	ronchopneumonia	
heart foilure injury or co	e, osthenio, etc. It meons omplication which coused	s me disease,		
	ANTECENDENT CAUSE	LI.	epatic com	
DISEASES	OR CONDITIONS, IF A	ANY, GIVING (8)	cirrhosis of liver	
UNDERLY	HE ASOVE CAUSE (A) S'ING CONDITION LAST.		CITINOSIS OF TIVE	
Z		(C)		
OTHER SIGN TO THE DISEASE OF THE DIS	II SNIFICANT CONDITIONS	CONTRIBUTING		
TO THE	DEATH BUT NOT RE			
19A. DATE O	F OPERATION 198, CON	NDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	
			Yes IN CERTIFYING CA	Yes
UNDERLYING	OR CONTRIB-	home, form, foctory, street	e.g., in or obout 21C. WHERE DID (If in Boltimore City, et, office bldg., INJURY OCCUR?	give exoct location)
<del>                                    </del>	USE OF DEATH.	etc.)		
21 D TIME OF INJURY	(Month) (Doy) (Yeo	or) (Hour) 21E. INJURY OCCURR	21F. HOW DID INJURY OCCUR?	
(APPROX.)		m. WHILE AT N	OT WHILE	
22.	rtify that I held an I	Inquiry Inspection	Autapsy ond that on this basis, death in	my online
	Ited from: Notural co		icide Undetermined mar	promy
1650	A TOME	Accident 501	CHIEF MEDICAL EXAMINER	
ACTUA		5 Hda	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNAT	_ / / /	-//	ASSOCIATE MEDICAL EXAMINER	1-19-65
NAME	(Туре)	John E. Adams	S. M.D.	
23A, BURIAL CR REMOVAL (Speci		23C. NAME of CEMETE		ity, town, or county) (Stote)
Bur	il 1-23	-65 ashertus	e men. IK Broteman	u no
24A. DATE REC'E	BY HEALTH DEPT.	24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
	JAN 25 1965	Relief E. tarkey!	On leventry St holl	in 177777 710 11
VS 151-REV. 1/1	/65		The fact of the	1 DIVINONIA



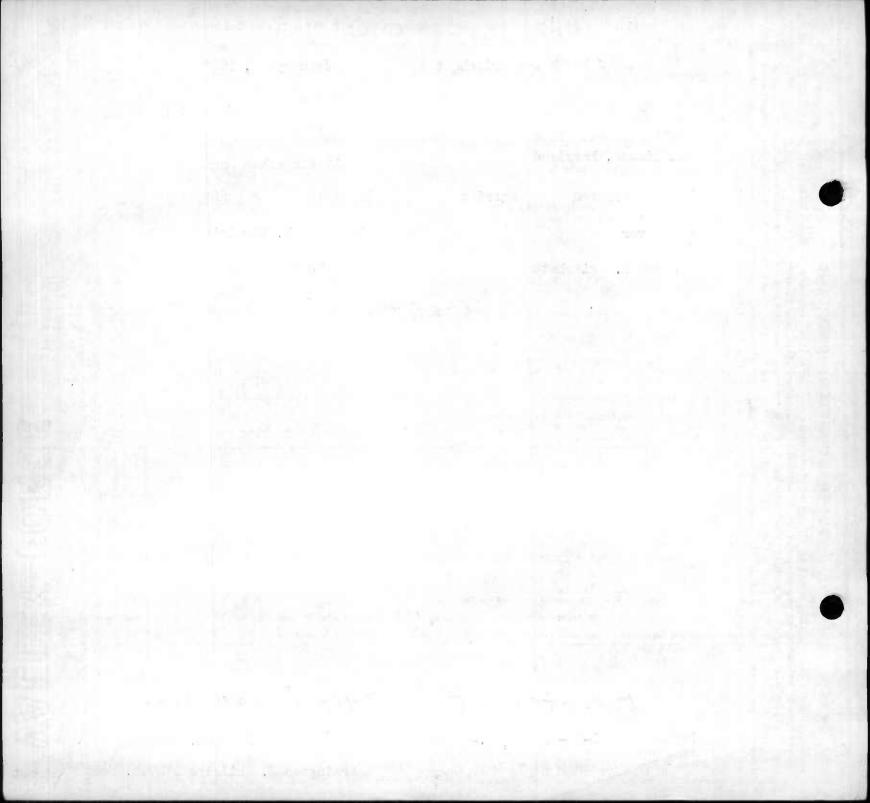
BALTIMORE CITY HEALTH DEPARTMENT	CE OCAA
BIRTH NO. 65 0811 CERTIFICATE OF DEATH Registered No.	65 0811
1. NAME OF DECEASED  2. DATE AND HOUR OF DEATH  (Type of Print)	. ~
3. PLACE OF DEATH IN BALTIMORE, MARYLAND    4. USUAL RESIDENCE (Where deceased lived. If i	
An annual control of the control of	1301
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)  INSTITUTION  (If not in hospital or institution, give street oddress or location)  C. CITY OR TOWN (If outside city limits, write)	RURAL and give township)
THE JOHNS HOPKINS HOSPITAL BALTIMORE D. STREET ADDRESS (If rurol, give locotion)	
2412 EUTAW PLACE	
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years WIDOWED, DIVORCED (specify)   7-19-20   44	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
Jabarer Betherham Steel North Carolina	WHAT COUNTRY?
13. FATHER'S NAME	
WALTER SILVER LINZY LYNCH	
15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or doles of service) 242-14-9795 (Thel) Selver 27	o/ Ulman aue
18. 2 G O X I CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) Jerutorutto	Bd.
(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,	16
injury or complication which caused death.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, if ony, giving	1/
rise to the above couse (A) stoting the (C) Labelle Wellis	16 egrs.
	V
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	FINDINGS CONSIDERED
19A, DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	CUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Soltimos OR CONTRIBUTING CAUSE OF Home, form, foctory, street, office bldg., INJURY OCCUR?	re City, give exact location)
U 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) While At Not While	
Work At Work	
22. I certify that (I) (this hospital) attended the deceased from 11 9 1965 to	1/20 1965
that (1) (we) last saw the deceased alive on	inion deoth occurred on the dote
and hour and from the causes stated above (1) We) (did) (did not) view the body after death.	
2 A. SIGNATURE	238. DATE SIGNED
M.D. Attending Med. Director Phys.	1/25/65
23C. PHYSICIAN'S 23D. ADDRESS	1,120,000
NAME (Type) M.D.	
	City, lown, or county) (State)
REMOVAL (Specify)	MA
Hural 1-25-65 Sallement Talional Halleman	
25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  25C. FUNERAL DIRECTOR	ADDRESS
JAN 60 1505 Where I was for a fully	1/2/11, Morras
VS 150-REV. 1/1/65	



FUNERAL DIRECTOR: IMPORTANT	IMPORTANT	00
by a medical examiner.	or his assistant if Also, if the direct	is chief medical examiner or his assistant if death occurred in a hospital and by a medical examiner. Also, if the direct or contributing cause of death()
2) Body burns; (3) A fractu	re of any kind; (4)	2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
e the physician who pro	nounced death we	e the physician who pronounced death was in regular attendance on the
physician was in regular	attendance on the	physician was in regular attendance on the deceased prior to death. Such

BALTIMORE CITY HEALTH DEPARTMENT

M.E.	H NO. CASE NO. AME OF DEC	65 EASED	0812		CERTIFICA	ATE OI		Registered			WO.EF
(Тур	e or Print)		John The	mas Prit	chett		January	20. 1965		1.5	-1151
F	ULL NAME C	F (If r	LTIMORE, MA	ar institution, give	street	A. STATE	residence (W B. Co cyland	here deceased lived UNIY	/	6-01	5
	NOITUTITZE		rton Ros			Ba	altimore	outside city limits, v		AL and give	township)
			Marylar				ADDRESS L9 Flower	ton Road	n)		
5. S	<sup>EX</sup>	6. RACE	ored	7. MARRIED, NE WIDOWED, I	DIVORCED (specify)	B. DATE 0		9. AGE (In years last birthday)	^	f Under 1 Yr. Aanths: Days	If Under 24 Hours Mi
	during most of	warking life,		10B. KIND OF BU	JSINESS OR INDUSTR		PLACE (State or f			12. CITIZEN O WHAT CO	
	Car Dri						tsmouth,				
13. [	Tame		Pritchet	et.		14. MOTH	Nancy G				
15. V (Yes	Nos Deceased	Ever in U.	S. Armed For	ces?   1 6	SOCIAL SECURITY NO.	17. INFOR		041		ADDI	RESS
				2	17-07-74	MIS	hin +	retcher	1	A	ance
	1B. / 4.	2 4	1		CAUSE	OF DEATH	mer 1				AL BETWEEN
	DISEA	E OR CO	NDITION DIR	ECTLY	(			A		ONSET	AND DEATH
	Dioch		TO DEATH	- 3 - 2 - 1	m (A	win	And -	20 south	4411	11-11-	Maria
			the made at		DUE TO	. W. See See Lake	ev	12019	1		. wg
			etc. It means which caused		1.	1	1 -+	1 10.	10/		h
			ENT CAUSES		(B) Ur	leno:	sclevole	a Hear	- de	e u	nkno
					DUE TO						
			cause (A)		(C)						
	UNDERLYIN							**************************************			
Z	OTHER SIGN	FICANT C	II ON DITIONS C	ONTRIBUTING	11	1	-r 1/	1	10		b
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ERTIFI	0		WAS PERI	FORMED	V			IN CERTIFYING			
AL	OR CONTRIBI	JTING 🗌 C			ACE OF INJURY (e.g., form, factory, street,				itimore C	ity, give exac	t location)
I WI I	21 D. TIME	(Manth)	(Doy) (Year)	(Hour) 21 E. IN	JURY OCCURRED		21F. HOW DID I	NJURY OCCUR?			
×	(APPROX.)			While	At Not Wh	ile	7 1			1	
	22 1	1 = 1 (1) (	Alta Lande I				lond	1063		1/20	2 6
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	and hour an	from the	causes stat	red abave. (I) (	We) (did) (did nat)	view the b	ady after deat	h.			,
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		-	15	(ewas)	M.D. A	tending	Med. Director	Stoff Phys.		1/201	65
	23C. PHYSICIA	N'S			•	23D. ADDR		· 117 30 C		1-1	
	NAME (1	ype)A	11 51	-011/2)	+	311	14. Di	1/2.11 1	111	,	
2.11	Blinic' C-	No	$\nu$ , $\mathcal{I}$	C/0 03/	/ M.L	J 7	7 400	1011	ve	-	
24A	REMOVAL	Specify)	24B. DATE	24C. NAM	E of CEMETERY of C	REMATORY	24D	LOCATION	(City,	town, or coun	ty) (Sto
	Burial		1-23-65	Mt.	- Auburn			Baltimore,	Mar	yland	
25A	. DATE REC'D	BY HEALT		25B. NAME OF		1	UNERAL DIRECT	OR		Al	DDRESS
	-	IAN 2	5 1965	Robert &	Janky M. A.	Ar	lington S	Phillips	172	7 N. Mo	nroe St
/S	150-REV. 1/1/	0 40 - 10		WINDS-BANA				1.3			00.



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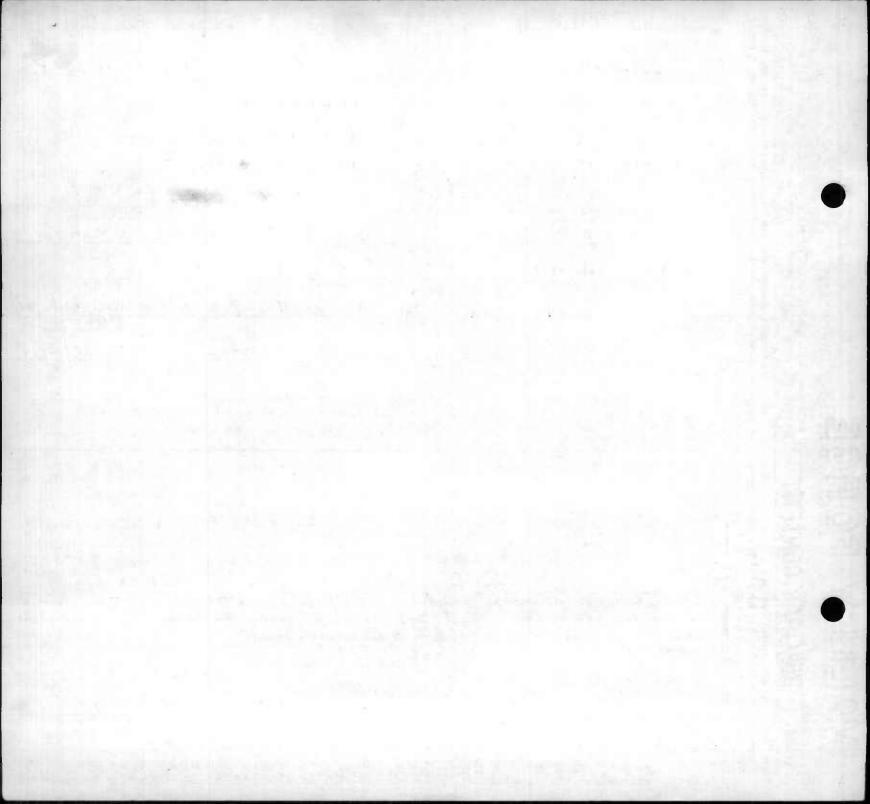
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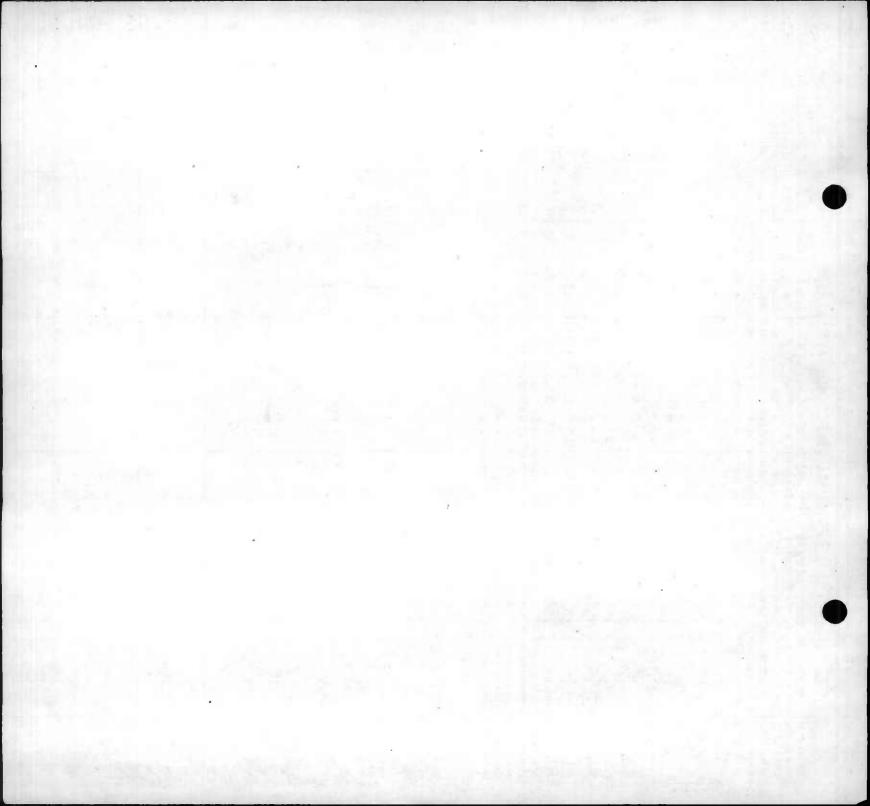
BALTIMORE CITY HEALTH DEPARTMENT Registered Na. RIPTH NO CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) DWARD AN 22 3 0 3. PLACE OF DEATH IN BALTIMORE MARYLA USUAL RESIDENCE (Where decoosed lived, If institution; residence COUNTY MARY LAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) C. CITY OR TOWN , (If outside city limits, write RURAL and, give township INSTITUTION Geo. WASHINGTON CARVER NURSING Home maRe D. STREET ADDRESS ALTIMORE. Resser MARYIAND is made. 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years If Under 1 Yt. Months: Doys 8. DATE OF BIRTH If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) st birthdov MALE NEORO MARRIES

102. USUAL OCCUPATION (GIVE BIT OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF isposition done during most of working life, even if retired) WHAT COUNTRY? CAROLINA LABERER 11. S. A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME AN ma 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL ADDRESS (Yos, no or unknown) (If yes, give wer or detes of service) final SECURITY NO. RUNSVINIA AVE OF INTERVAL BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY pem LEADING TO DEATH (This does not mean the mode of dying, e.g., embal heart foilure, asthenio, etc. It means the disease injury or complication which coused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stoting the (C) the remains UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yos or No) 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimoro City, give exact location) DEATH (notify modical examination etc.) MEDIC be obtained (Month) (Doy) (Your) (Hout) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While F (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) lost saw the deceased alive an 19 and that in(my) (our) opinion death occurred an the date and haur and from the causes stated abave. (1) (We) (did) (dld nat) view the bady ofter death. must 23A. SIGNATUR 238 DATE SIGNED Attending Med. Stoff M.D. Phys, approval 23C. PHYSICIAN'S NAME Nype M.D. 24A. BURIAL CREMATION, 24D. LOCATION or county decease REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV, 1/1/65

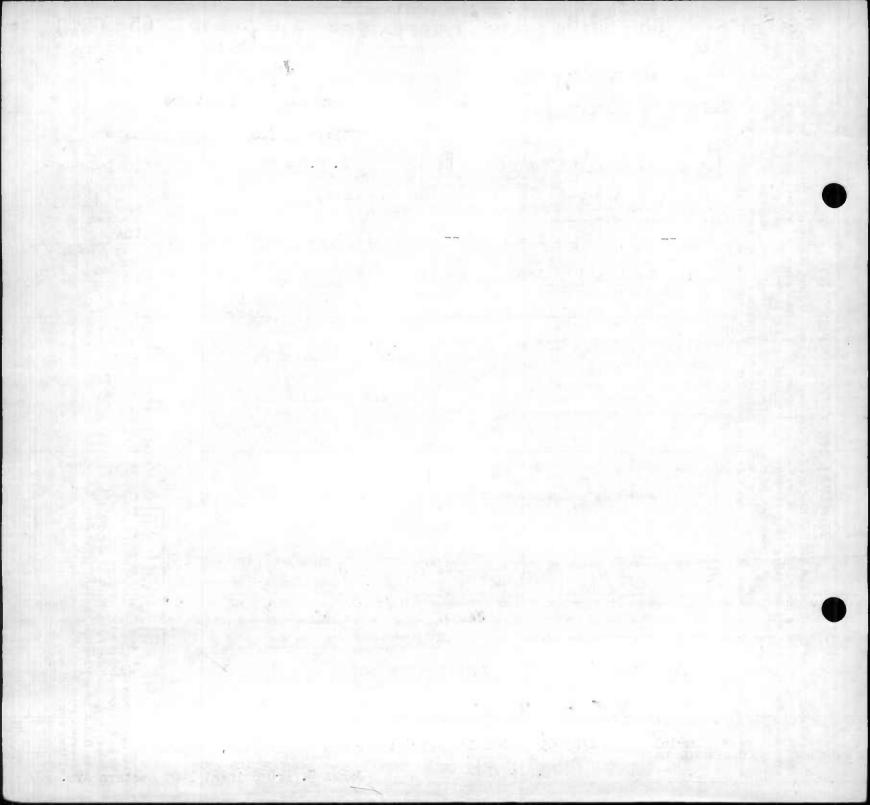


FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death	the body was released to the hospital by a medical examiner. Also, it the direct of children in the body was released to the hospital by a medical examiner.	shows: (1) An accident of any harure; (2) boay burns; (3) A tracture of any kind; (4) Under	was D.C.A. at a nospital (except where the physician who pronounced death was in	deceased prior to death); and (b) No physician was in regular attendance on the dec
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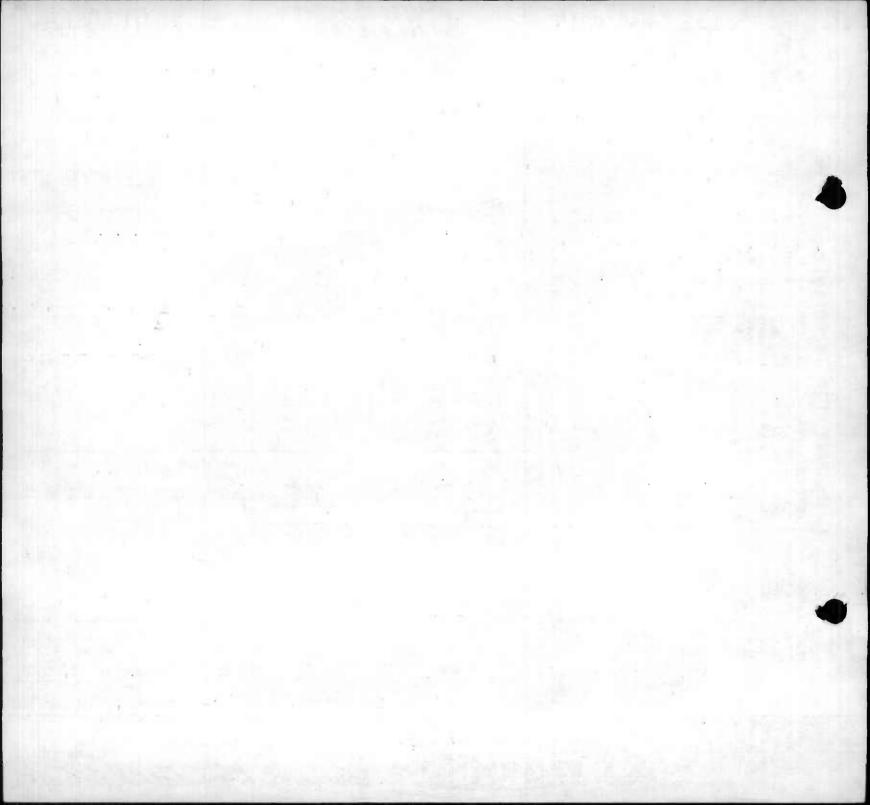
	н но. 65	08	4.1			ITY HEALTH DEPARTMENT	Registered Na.	65 6814
M.E	CASE NO.		1.12		CERTIFIC	ATE OF DEATH		J.C.A.
	e or Print)	nnie B	urrell	(Be	11)		1-65	16:40 p.
3. P	LACE OF DEA				,,	4. USUAL RESIDENCE (Whe	ere deceased lived. Il i	nstitution: residence before odmis
F	ULL NAME OF	(16 aa)	in hospital or	institution		A. STATE B. COUN	N TY	1600
H	IOSPITAL OR		s or (ocotion)	msmonon,	give sneet	Maryland c. City or town (11 ou	tside city limits, write	RURAL and give township)
			ident F			D. STREET ADDRESS (IF		
			Divisi				rural, give location)	
5. S	FY	Balt:	imore,		NEVER MARRIED	B. DATE OF BIRTH	rish St.	If Under 1 Yr., If Under 24
	Female	Neg		WIDOWED	o, DIVORCED (specify)	8-25-1902	last birt Jay	Months Doys Hours Mi
10À.	USUAL OCCU	PATION (Give	kind of work 10			TRY 11, BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF
done	during most of w	orking life, eve	en it retired)			Virginia		WHAT COUNTRY?
13.	FATHER'S NAM	\E				14. MOTHER'S MAIDEN NA	ME	
	(1)	illia	n Ki	dal				
15, V	Nos Deceased ,no or unknown)	Ever in U. S.	Armed Forces	s?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	, or oriking will	yes, give	or doles	or service:	217-18-99/2	Flindatt 7	0	cssRal. 1
	18.	2 V I				OF DEATH	usiell 2	INTERVAL BETWEEN
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	DISEASES O	above co	ouse (A) s		(C)			
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NOI	rise to the UNDERLYING	CONDITION	ouse (A) si N last.	lating the	G	<u> </u>		
ATIO	OTHER SIGNIF TO THE DE	CONDITION  ICANT CON  ATH BUT  CONDITION	DITIONS COL NOT RELATE CAUSING IT.	NTRIBUTING	G E	120A AUXORSY3 (V o. N.	200 45 Vec West	
ATIO	OTHER SIGNIF	CONDITION  ICANT CON  ATH BUT  CONDITION	DITIONS COL NOT RELATE CAUSING IT.	NTRIBUTING TO THE	G	20A. AUTOPSY? (Yes or No	D) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
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AL CERTIFICATIO	OTHER SIGNIF TO THE DE DISEASE OR C	GONDITION  CONDITION  CONDITION  CONDITION  OPERATION  T WAS UND  TING CAU	DITIONS COINOT RELATE CAUSING IT.  198. CONDIWAS PERFO	NTRIBUTING D TO TH	G E WHICH OPERATION PLACE OF INJURY(e., larm, foctory, street, larm, larm	20A. AUTOPSY? (Yes or No No No office bidg., INJURY OCCUR?		
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MEDICAL CERTIFICATIO	OTHER SIGNIF TO THE DE DISEASE OR CONTRIBUIDEATH (notify LAPPROX.)  21. ACCIDEN OR CONTRIBUIDEATH (notify LAPPROX.)  22. I certify that (I) (we) and hauf and	above condition  II  IIICANT CON ATH BUT  T WAS UND TING CAU medical exam  (Month) (Da  that (I) (this last saw the fram the co	DITIONS COINOT RELATE CAUSING IT.  198. CONDIWAS PERFOIN DERLYING SECONDIVER CONDIVER CONDIVE	NTRIBUTING D TO TH TON FOR A RMED  218. hom etc.) (Hour) 21E. Whi Wor	PLACE OF INJURY (e., lorm, foctory, street, lorm, foctory, street, liberty of the	p, in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJ  //hile	(If in Boltimon URY OCCUR?  19 65 ta 2  at in (my) (aur) ap  Stoff Phys.	January 19 (inian death accurred an the
MEDICAL CERTIFICATIO	OTHER SIGNIF TO THE DE DISEASE OR CONTRIBUTE OF INJURY (APPROX.)  21A. ACCIDEN OR CONTRIBUTE OF INJURY (APPROX.)  22A. I certify that (I) (we) and hau and 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty)	above condition of the	DITIONS COINOT RELATE CAUSING IT.  198. CONDIWAS PERFOIN DERLYING DISE OF niner  oy) (Yeor) ( e deceased duses stated  n Armst	NTRIBUTING ED TO TH TION FOR A RMED  21B. hom etc.) (Hour) 21E. Whi Worl attended th alive on	PLACE OF INJURY (e., larm, foctory, street, larm, foctory, street, linjury occurred lile At At W. At W	while   21 F. HOW DID INJ    21 F. HOW DID INJ   21 F. HOW DID INJ   21 F. HOW DID INJ   22 F. HOW DID INJ   23 F. HOW DID INJ   24 F. HOW DID INJ   25 F. HOW DID INJ   26 F. HOW DID INJ   27 F. HOW DID INJ   28 F. HOW DID INJ   29 F. HOW DID INJ   20 F. HOW DID INJ   21 F. HOW DID INJ   22 F. HOW DID INJ   24 F. HOW DID INJ   25 F. HOW DID INJ   26 F. HOW DID INJ   27 F. HOW DID INJ   28 F. HOW DID INJ	(If in Boltimon URY OCCUR?  19 65 ta 2  at in (my) (aur) ap  Stoff Phys.	January 19 (inian death accurred an the
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MEDICAL CERTIFICATIO	OTHER SIGNIF TO THE DE DISEASE OR CO 19 A. DATE OF INJURY (APPROX.)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) 10 A. SIGNATUR 1	above condition  GONDITION  GICANT CON ATH BUT  TWAS UND TING CAU medical exam  (Month) (Do  that (I) (this last saw the fram the co  RE  TS pe)  Joh  AATION, [248	DITIONS COINT RELATE CAUSING IT.  198. CONDIWAS PERFOINT ON (Year)  Shospital)  Armst  DATE	NTRIBUTING D TO TH TON FOR A RMED  21B. hom etc.)  (Hour)  21E. Whi Wor  attended the alive on	PLACE OF INJURY (e. lee, larm, factory, street, larm, factory, street, larm, factory, street, larm, la	The price of the body of the b	on St.	inian death accurred an the  23B. DATE SIGNED  21 January /



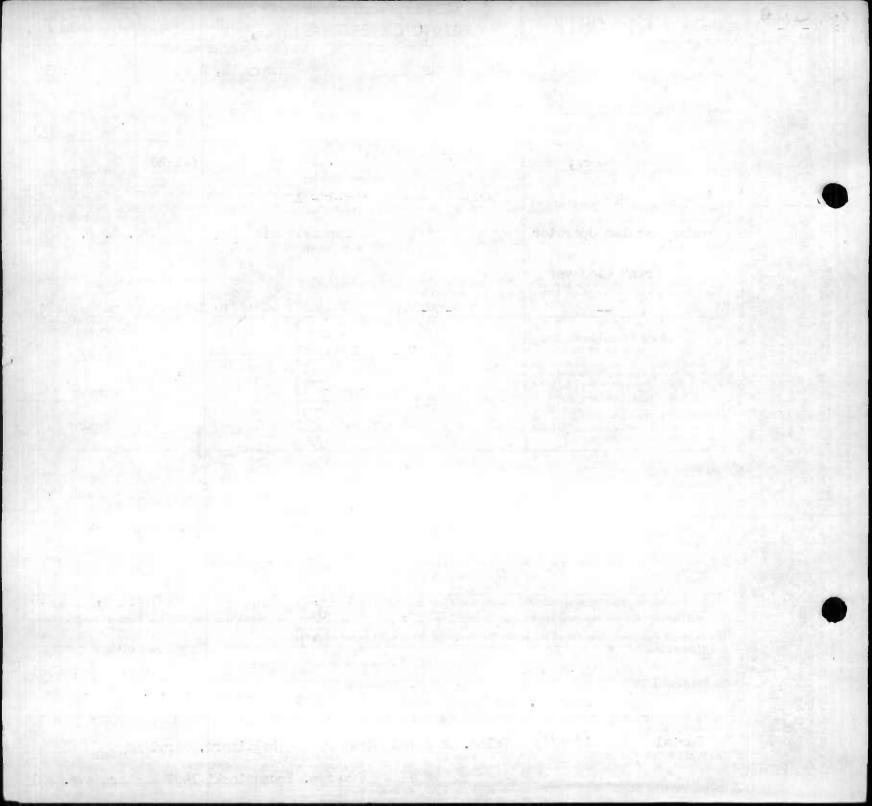
65-01789	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO. 65 0816	CERTIFICA	ATE OF DEATH	Registered No.	65 0816
M.E. CASE NO.  1. NAME OF DECEASED	4		ND HOUR OF DEATH	
(Type or Print) Baby Boy lo	hnson	7401	21.1963	5 1 3.05 p.
3. PLACE OF DEATH IN ALTIMORE, MARILAI	ND ND	4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution: residence before admission
		A. STATE B. COUN Maryland	Baltimore	
FULL NAME OF (If not in hospital or ins HOSPITAL OR address or location)	titution, give street	C. CITY OR TOWN (If ou		
INSTITUTION				
1 0 16		Chase (2)	rutol, give location)	if it ad.
Hospital for the Was	men of Bd.	P. O.Box 43	total, give vecessors	13-00
5. SEX 6. RACE 7. M	ARRIED, NEVER MARRIED		9. AGE (In years	If Under 1 Yr If Under 24 Hrs
male white	IDOWED, DIVORCED (specify)	1-21-65	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
IDA, USUAL OCCUPATION (Give kind of work 108.	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF
done during most of working life, even if retired)		1.00	1	WHAT COUNTRY?
em em		Maryland	<u>d</u> .	USA
3. FATHER'S NAME	101	14. MOTHER'S MAIDEN NA	ME	130x #43
Michael Stelling	it Johnson.	Mangaret	( Dan 1 1/11	ighes chose - md,
5. Was Deceased Ever in U. S. Armed Forces?	/ N 6. SOCIAL	17. INFORMANT	CONN 140	ADDRESS
Yes, no or unknown) (If yes, give war or dates of s	SECURITY NO.	m LD'	1 12	
110		1010 Mens	Mast.	
18. 773.51		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL		1210 7500.1210	DI FALLIA	
(This does not mean the made al dyin	g. e.g., OUE TO	RIU- RESPIRATOR	ey TAILUF	<i>E</i>
heart failure, asthenia, etc. It means the	disease,			
injury ar camplication which caused death	h.)	PREMATURITY		
ANTECEDENT CAUSES	(B)	1 FF MAIURIT		
DISEASES OR CONDITIONS, if any,				
rise to the above cause (A) statis	ng lhe (C)			
GNDERETING CONDITION last.				
Z   II				
OTHER SIGNIFICANT CONDITIONS CONTE	TO THE			
DISEASE OR CONDITION CAUSING IT.	N FOR WHICH OPERATION	120A AHTOREYS (Van as No	) 200 to ver mene	SINDINGS CONCINCIO
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U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, factory, street,	office bldg., INJURY OCCUR?	th in solution	city, give exoct locollots
0	etc.)			
OF INJURY (Month) (Doy) (Year) (Ho	ut) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not Wh	ile		
22 1 20 1 1 1 1 1 1 1 1 1 1 1 1			7	4.01
22. I certify that (I) (this hospital) atta		1 -	19 65 to J	
that (I) (we) lost sow the deceased ali	ve on 440 71	19 <i>b</i> 5 ond th	ot in (my) (our) opi	nion death occurred on the dat
ond hour and fram the causes stated of	bove. (1) (We) (did) (dld not)	view the bady ofter death.		
23A. SIGNATURE			/	23B. DATE SIGNED
letel & D	0. h, M.D. AI	tending Med.	Stoff	7415 21 111
3C. PHYSICIANS	In him . Lu	ys. Director	Phys.	JAN. 21,1965
Z3C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
ESTELITA F. GENSON	L1, H. J. M.D	HOSPITAL FO,	& THE WOME	EN OF HARYLAND
24A- BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF C			ly, town, or county) (State)
Burial 1/25/65	Poloda Manager	0		
	Belair Memorial	Gardens Be	lair, Maryla	and ADDRESS
JAN 2.5 1965 (2)	O. B. E. Jacker M.A.	James /	reception	
0 00 1000 100	Jan -, 127	James Bruz	dzinski 140	7 Eastern Ave. #21
VS 150-REV. 1/1/65				



	0015		BALTIMORE CIT	Y HEALTH DEPARTMENT		65 0815
BIRTH NO. M.E. CASE NO.	65 0815		CERTIFICA	ATE OF DEATH	Registered Na.	00 0010
1. NAME OF DE	~11		William	1	ID HOUR OF DEATH	
	Ellen Ruth		William	Januar	y 22, 1965	5   4:10p
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		A. STATE B. COUN	it deceased lived. If i	nstitution: residence before admission
FULL NAME HOSPITAL OR		or institution,	give street	Maryland		19-00
NOITUTITZ	Provident H		1	C. CITY OR TOWN (If our	tside city limits, write	RURAL ond give township)
	1514 Divisi	-		D. STREET ADDRESS OF	rurol, give location)	
	Baltimore 1			2219 Brunt		
5. SEX	6. RACE		NEVER MARRIED	<u> </u>	9. AGE (In years	If Under 1 Yr. , If Under 24 Hr
Female	Negro	Marr	D, DIVORCED (specify)	August 29,192	lost birthdoy)	Months Doys Hours Min.
	CUPATION (Give kind of work			Y 11. BIRTHPLACE (Stote or fore		12. CITIZEN OF
done during most o	of working file, even if retired)			Virginia		U.S.A.
3. FATHER'S NA	AAAF			14. MOTHER'S MAIDEN NA	MF	0.0.2.
W PAINERS NA	77715			MOTHER 3 MAIDER RA	****	
St	eve Norggins			Lizzie ?		
5. Was Decease Yes, no or unknov	ed Ever in U. S. Armed For	ces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			079-18-02/	Montell Wilson	1 - 2219 Bi	cunt StBalto, M
18. 0	2 Y I			OF DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION DI	RECTLY				ONSET AND DEATH
	LEADING TO DEATH		(A) Acut	e Pulmonary Ede	ema	1-12-65-1-22-6
	not mean the mode of e, osthenio, etc. 11 means		DUE TO	• • • • • • • • • • • • • • • • • • •		000 000 000 000 000 000 000 000 000 00
	emplication which caused		***			
	ANTECEDENT CAUSES		(B) H1gh	Output Heart I	allure	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
DISEASES	OR CONDITIONS, if	any, giving				
	the above cause (A)	slating the	(c) Ane	mla		
ONDEREIT	TO CONDITION 10SI.					
Z OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTIN	G			
E TO THE	DEATH BUT NOT RELA	ATED TO TH		upus Erythemato	sus	
19A. DATE	OF OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED
19A. DATE C	WAS PER	FORMED		no	IN CERIFFING CA	AUSES OF DEATH?
OR CONTR	ENT WAS UNDERLYING BUTING CAUSE OF	21 B hom	PLACE OF INJURY le.g., ne, form, foctory, street,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
DEATH (noti	fy medical examiner	etc.	)			
OF INJURY	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		Wh	ile At Not Wi			
22 1				11265	10	-22-65
	y that (1) (this haspital		7 22 65		1 7	
that (I) (we	e) last saw the decease	ed alive an		19and th	at in (my) (aur) op	inian death accurred an the da
	11	ted abaye. (	I) (We) (did) (did nat)	view the bady after deoth.		
23A. SIGNAT	TURE		4.			23 B. DATE SIGNED
1/2	lus fling al	me,	M.D. A	ttending Med. Director	Stoff Phys.	January 22, 196
23C. PHYSIC NAME	IAN'S			23D. ADDRESS		
IAWIAIE	Hollis Se	eunarin	е м.с	1514 Division S	Street-Balt	cimore, Maryland
24A. BURIAL CI	REMATION, 248. DATE		AME of CEMETERY or C			City, town, or county) (State)
REMOVAL	(Specify)		1 1.1	n h	11 -	· / /
124414	1-26- 6	1050 NAME	FAU DEIVN	Cem. 139	HIMBER	md
25A. DATE REC	JAN 2 5 1965	O O B	OF REGISTRAR	25C. FUNERAL DIRECTOR	100	ADDRESS
	JHI 40 1303	Mobile	C' Mansaine	Chang A.	felse 1	SY8 N. Cellon ST
VS 150-REV. 1/1	1/65					

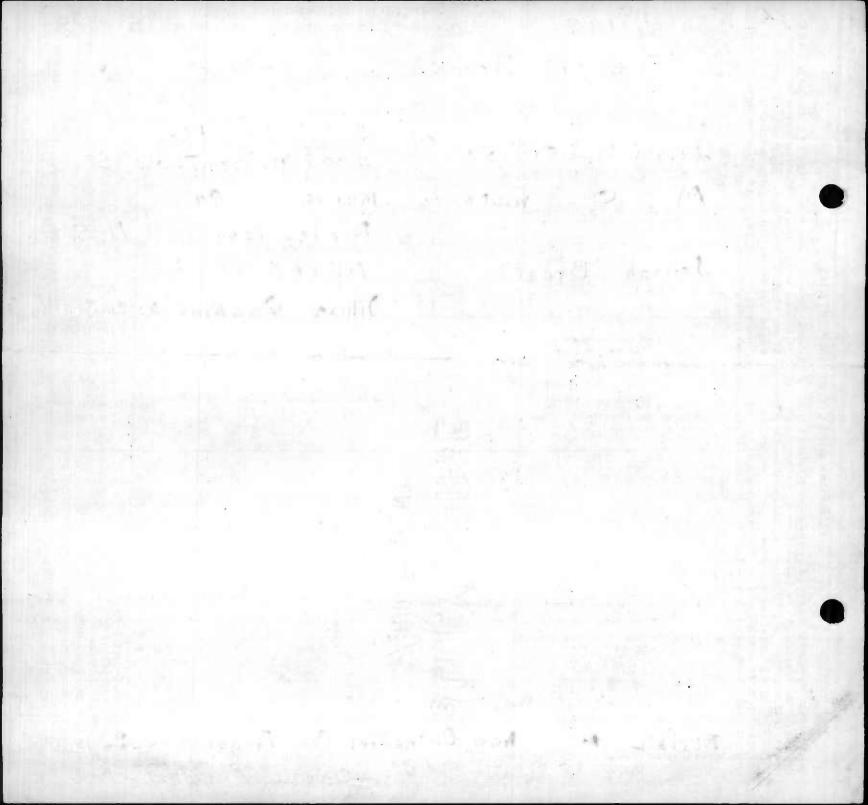


	BALTIMORE CITY	HEALTH DEPARTMENT		05
BIRTH NO. 65 0817 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na.	65 0817
NAME OF DECEASED			NO HOUR OF DEATH	
Type or Print) Violet Marie	Moody	Janua	my 22. 1965	12.05 04
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If	institution; residence before odmission
		A. STATE B. COUN		
FULL NAME OF (If not in hospital or institution, oddress or location)	give street	Maryland c. City or town (11 ou	Baltimore	BIIBAL and sing town bin
Baltimore City Hospi	itals		iside chy limits, write	5.3-00
4940 Eastern Avenue	. 00.1.5	D. STREET ADDRESS (IF	rural, give location)	507
	07.004	Rt. 14 Box		220
Baltimore, Maryland  5. SEX   6. RACE   7. MARRIED		B. DATE OF BIRTH		
WIDOWE	D. DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	arried	2-14-11	53	
IOA. USUAL OCCUPATION (Give kind of work 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Sewing Machine Operator		Pennsylvania	9	U. S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA		0. D. A.
		7		
Frank Clodoveo				
5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	174-09-8466	RECORDS - BCI	H: 4940 East	ern Avenue #21224
18. 2 6 0 4	CAUSE 01		11.4740 1000	INTERVAL BETWEEN
1 0 0 /	CAUSE OF	DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cere	bral Vascular A	cci dent	8 Days
(This does not mean the made of dying, e.g.,	DUE TO D	robable Hemorrh		0 20,36
heart failure, asthenio, etc. It means the disease,	1	Longore Hemoring	age	
injury or camplication which caused death.)	Нуре:	rtension	Unknown	
ANTECEDENT CAUSES	DUE TO	************************************	***************************************	
DISEASES OR CONDITIONS, if any, giving		etes, Adult		5 Years
rise to the obove cause (A) stoting the UNDERLYING CONDITION lost.	(C) D100	Coco, Addito		) rears
CHERRY CONTINUE 1031.				
Z OTHER SIGNIFICANT COMPRISONS CONTRIBUTION				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	1E			
	WILLIAM OBSERVED	120A AMBOREVS (V NI	W 208 15 Vec 11100	Shiphies continues
19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION		IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
		No		
OR CONTRIBUTING CAUSE OF hor	R. PLACE OF INJURY (e.g., in me, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
DEATH (notify medical examiner)	.)			
21 D. TIME (Month) (Day) (Year) (Hour) 218	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	nile At Not While			
VV C				
22. I certify that (I) (this hospital) attended to	he deceased from Jal	nuary 14,	· /	anuary 22, 19 65
that (I) (we) last saw the deceased alive an	January 22,	19 65 and th	nat in (my) (aur) ap	inion death accurred on the da
and haur and fram the causes stated abave. (		law the hady after death		
23A. SIGNATURE	17 ("e7 (did) (did lidi) V	iew the budy unter deutil.		23 B. DATE SIGNED
1. 18/201	M.D. Atte	nding Med.	Stoff ==	
17 Calita	Phy:	Director _	Stoff Phys.	January 22, 1965
23C. PHYSICIAN'S		23D. ADDRESS		
NAAAF (Type)			ATTONIZO #272	O A
NAME (Type) Howard K. Rath	nbun M.D.	4940 Eastern	Avenue Wars	24
Howard K. Rath				
NAME (Type) Howard K. Rath Property Howard K. Rath REMOVAL (Specify)  NAME (Type) Howard K. Rath Property Howard K. Rath Prope	abun M.D.			City, town, or county) (State)
NAME (Type) Howard K. Rath Part Cremation, Removal (Specify) Howard K. Rath Part Company (Specify)  Part Company (Specify)	AME of CEMETERY of CRE	MATORY 24D. L	OCATION (C	City, town, or county) (State)
NAME (Type) Howard K. Rath Parial (Specify) Howard K. Rath Parial (Specify)  1/25/65 Bai		MATORY 24D. L	OCATION (0	
NAME (Type) Howard K. Rath Parial (Specify) Howard K. Rath Parial (Specify)  1/25/65 Bai	AME of CEMETERY of CRE	Cemetery Ba	ocation (Cation Ma	City, town, or county) (State)



		BALTIMORE CITY	HEALTH DEPARTMENT		CF 0010	
111	TH NO. E CASE NO.65 0818	CERTIFICA	TE OF DEATH X Reg	istered No	b5 U818	
	pe or Print) MARGE	PRET A BO	ROUN 2. DATE AND HOU	21/65	1:53/	
CEF	PLACE OF DEATH IN BALTIMORE, MARYLAND RIFTCATE CORRECTED  Oddress or location) INSTITUTION	5-11-1965	A. USUAL RESIDENCE (Where Becco A. STATE B. COUNTY  A. STATE  C. CITY OR TOWN (If outside city	ND	tion; residence before admission	
1	MONTERELLO ST.	BTE 1207.	D. STREET ADDRESS (If rural, give	1 ORE le location)	VORKLUAY	
	F W WO	RIED, NEVER MARRIED OWED, DIVORCED (specify)	lost birth	(In years If Mail	Under 1 Yr. If Under 24 Hrs inths Doys Hours Min.	
do	A. USUAL OCCUPATION (Give kind of wark 108, KIN ne during most of warking life, even if retired)	of Business or Industry	monge	(ry) 12.	CITIZEN OF WHAT COUNTRY?	
134	FATHER'S NAME ROBERT Tr	to	14. MOTHERS MAIDEN NAME  FUNCO	?		
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s.na.ar unknawn) (If yes, give war ar dales of serv	ice) 6. SOCIAL SECURITY NO.	7 Hospital Rec	rorde	ADDRESS	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O	<u> </u>	ords	INTERVAL BETWEEN ONSET AND DEATH	
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
	DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating UNDERLYING CONDITION last.					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBETO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING O THE				
CERTIFIC	19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTORSY? (Yes at No.) 20B. I	F YES, WERE FINDI	INGS CONSIDERED OF DEATH?	
CALCE	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i hame, farm, factory, street, a etc.)	n or about 2 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimare City	y, give exact lacation)	
MEDI	21D. TIME (Month) (Day) (Year) (Haur) OF INJURY (APPROX.)	21 E. INJURY OCCURRED  While At Not While At Works		CUR?		
	22. I certify that (1) (this hospital) attend that (1) (we) last saw the deceased alive	100 F	019 6T and that in (m		death accurred on the da	
	and hour and from the causes stated about 23A. SIGNATURE	/	ending Med Staff	23 B.	DATE SIGNED	
	23C. PHYSICIANS NAME (Type) REUBEN C. GUERRERC		Mn tebello	Stile !	Hogiful	
	Burial 1/23/65	Western Comet Mestern Comet	tery Balti	more Mar	ADDRESS	
VS	JAN 25 1965 R. C.	JE, Jarber M. A	walter brooks B	radiey	nc., Dundalk	

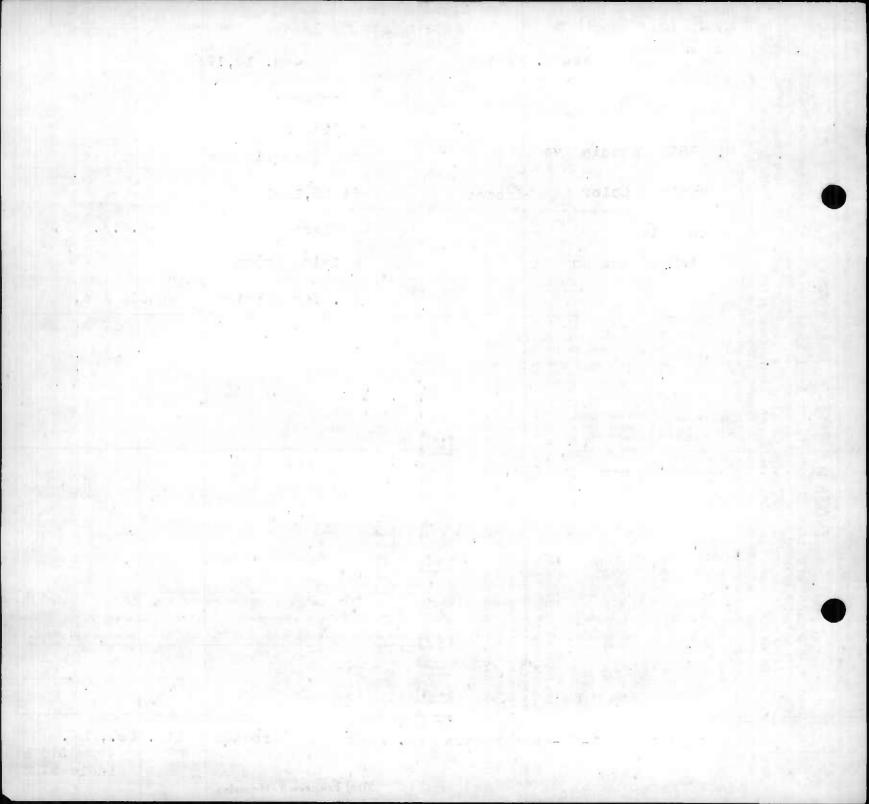
Family Bible Record and Husband's Affidavit 5-11-1965 M.H.



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

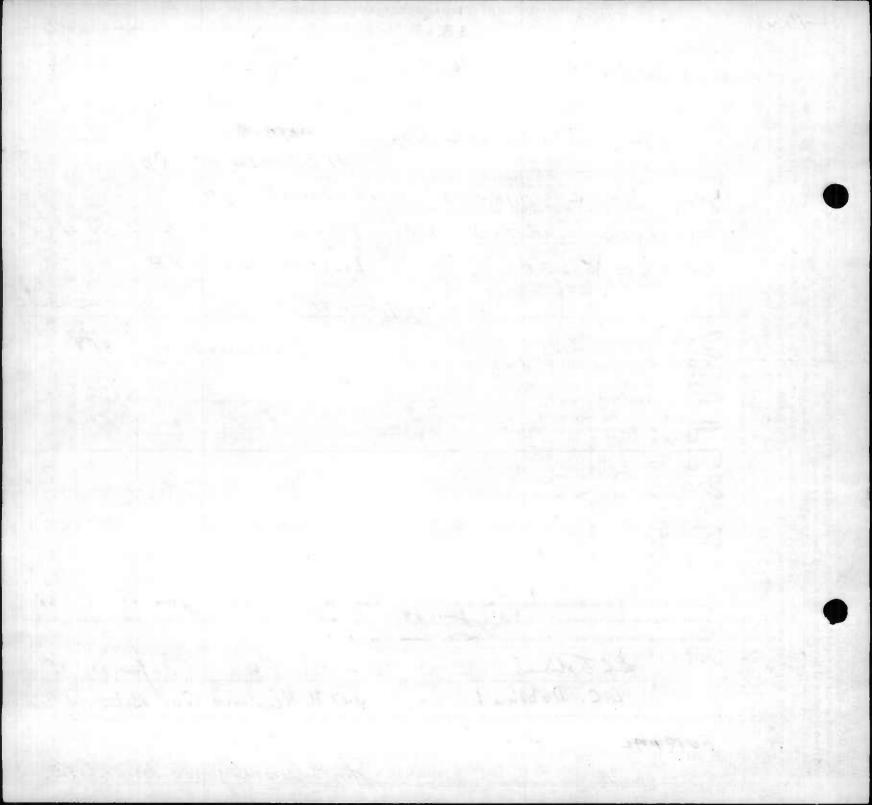
BIRTH NO. 65	UBZU	CERTIFIC	CATE OF DEATH Registered N	. 65 08%
M.E. CASE NO. 1. NAME OF DEC (Type or Print)	Rosa B	. Hebron	Jan. 18,1965	тн
3. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND  or institution, give street	4. USUAL RESIDENCE (Where deceased lived. I A. STATE B. COUNTY Maryland	f institution: residence before
HOSPITAL OR	address or location		c. CITY OR TOWN (If outside city limits, with Baltimore	te RURAL and give township
3820	Sequoia Ave		D. STREET ADDRESS Ilf rural, give location) 3820 Sequoia Ave	
5. SEX Female	Colored	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify Widowed)	Sept 25,1891 9. AGE (In years last binhday)	If Under 1 Yr. If Un Manths Days Haurs
	working life, even if retired)	IOB, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country)  Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA			14. MOTHER'S MAIDEN NAME	
Richar	d Boston		Melvina Brown	
15. Was Decapsed	d Ever in U. S. Armed For	ces? 16. SOCIAL	17. INFORMANT 382	ADDRESS
(Yes, na ar unknaw	n)  Itf yes, give war ar date	s of service) SECURITY NO.		Sequoia Ave.
	not mean the made of		Il Heart Discase	
DISEASES rise to the	, asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, it ne abave cause (A) G CONDITION last.	the disease, death.)  (B)  DUE TO ony, giving slating the (C)  CONTRIBUTING ATED TO THE	gerteurive Alerioscherstie Heart Discase Diabetis Mellitus	,,
DISEASES rise to th UNDERLYIN  OTHER SIGN TO THE I DISEASE OR	, asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, it as above cause (A) G CONDITION last.  III  INFICANT CONDITIONS CODEATH BUT NOT RELAT CONDITION CAUSING I	the disease, death.)  (B)  DUE TO any, giving slating the (C)  CONTRIBUTING ATED TO THE IT.	20 A. AUTOPSY? (Yes at Na) 208. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE LIDISEASE OR  19 A. DATE O  21 A. ACCIDE OR CONTRIB DEATH Insulin	, asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if ne abave cause (A) G CONDITION lost.	the disease, death.)  (B)  DUE TO ONLY, giving slating the (C)  CONTRIBUTING ATED TO THE IT.  DITION FOR WHICH OPERATION FORMED	20 A. AUTOPSY? (Yes at Na) 208. IF YES, WE IN CERTIFYING	
DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE DISEASE OR  19A.DATE O  21A. ACCIDE OR CONTRIB	, asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if ne above cause (A) G CONDITION last.	the disease, death.)  (B)  DUE TO ONLY, giving slating the (C)  CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (hame, farm, factory, streetc.)  (Haur)  21E. INJURY OCCURRED While AI Not	e.g., in or about 21C. WHERE DID (If in Baltir et, affice bldg., INJURY OCCUR?	CAUSES OF DEATH?
DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE DISEASE OR 19 A-DATE O  21A. ACCIDE OR CONTRIB DEATH Inotif 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we and hour ar	, asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if ne abave cause (A) G CONDITION last.  III. INFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IT CONDITION CAUSE OF LAST CAUSE	the disease, death.)  (B)  DUE TO DUE TO ONLY, giving sloting the (C)  CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (hame, farm, factory, streetc.)  (Haur)  21E. INJURY OCCURRED While At Not Work  Work  1) ottended the deceased from the dec	20A. AUTOPSY? (Yes at No) 20B. IF YES, WE IN CERTIFYING e.g., in or about 21C. WHERE DID (If in Baltir et, affice bldg., INJURY OCCUR?  While 21F. HOW DID INJURY OCCUR?  While 37 - 7 - 19 55 ta 7 - 19 65 and that in(my) (our) of view the body after death.	CAUSES OF DEATH?  more City, give exact location  —
DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE DISEASE OR 19 A-DATE O  21A. ACCIDE OR CONTRIB DEATH Inotif 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we and hour ar	, asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if ne abave cause (A) G CONDITION last.  III. INFICANT CONDITIONS CONDITIONS CONDITION CAUSING I CONDITION CAUSING I F OPERATION 198. CONDITION CAUSE OF y medical examiner)  White the couse of the couse of the couse of the couses story the couse of the couses story with the couses story cause of the couse of the couses story cause of the couses story cause of the couse of th	the disease, death.)  (B)  DUE TO DUE TO ONTRIBUTING ATED TO THE IT.  CONTRIBUTING ATED TO THE IT.  DITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (hame, form, factory, streetc.)  (Hour)  21E. INJURY OCCURRED While At Not Work  While At Not Not Not Not Not Not Not Not Not No	20A. AUTOPSY? (Yes or No) 208. IF YES, WE IN CERTIFYING e.g., in or about 21C. WHERE DID (If in Baltir et, office bldg., INJURY OCCUR?  While 21F. HOW DID INJURY OCCUR?  While 37 - 7 - 19 57 ta 7 - 7 - 19 65 ond that in(my) (our)	causes of Death?  more City, give exact location

B. DATE SIGNED 1-21-65 (State) Arbutus Balto. Co., Md. 1-23-65 Arbutus Mem. Park ADDRESS 578 W 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Biddle St VS 150-REV. 1/1/65 (Mrs) Frances A. Hemsley



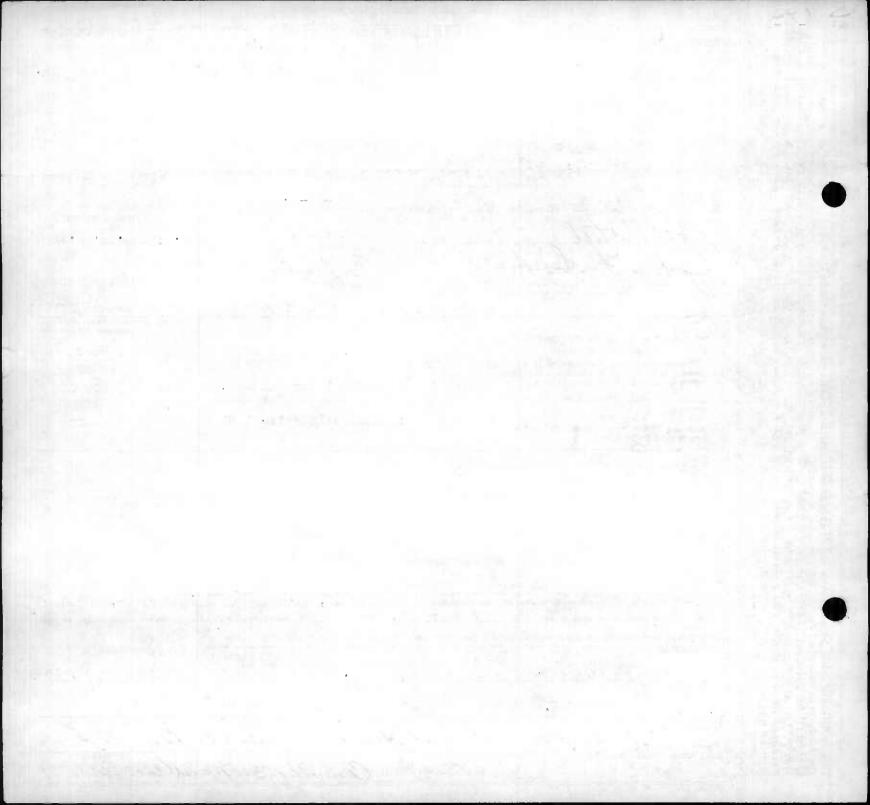
BALTIMORE CITY HEALTH DEPARTMENT



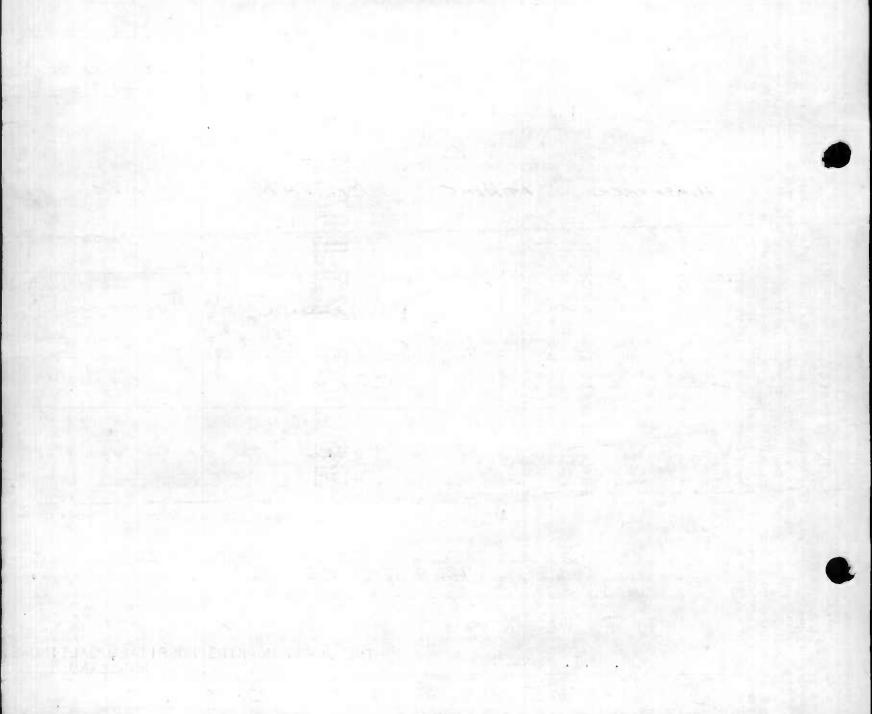


	BALTIMORE CITY	HEALTH DEPARTMENT			
BIRTH NO. M.E. CASE NO.5 0823	CERTIFICA	TE OF DEATH	Registered No	65 0823	
(Type or Print)	2 12		D HOUR OF DEATH		
John Se	ubreth	Januar  Januar  Januar	cy 22, 1965	5:00 A. A	
		A. STATE B. COUN'	TY		
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	ion, give street	Maryland c. CITY OR TOWN (If outs	Baltimore	0.41	
Baltimore City Ho	sptials		side city limits, write KUI	(AL and give township)	
4940 Eastern Aven	_	RURAL: D. STREET ADDRESS (III)	urol, give locotion)	3 3 -00	
Baltimore, Maryla		1906 Wareham	Road #212	22	
5. SEX 6. RACE 7. MARI	RIED, NEVER MARRIED	B. DATE OF BIRTH	P. AGE (In years	If Under 1 Yr., If Under 24 Hrs	
Male White	Married (specify)	10-16-28	ost birthdoy)	Nonths Doys Hours Min.	
10A. USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLA CE (State or foreign		12. CITIZEN OF	
done during most of working lile, even if retired)		Manufland		WHAT COUNTRY?	
13. FATHERS NAME		Maryland  14. MOTHER'S MAIDEN NAM	AE A	U. S. A.	
John F. Senbe	rth	Mildre	el Nove	ney.	
15. Was Deceased Ever in U. S. Armed Forces? (Yes no or unknown) III yes, give wor or dates of servi	ce) 16. SOCIAL SECURITY NO.	17. INFORMANT		(/ ADDRESS	
	220-20-5766	RECORDS: BCH	1: 4940 Easte	rn Avenue #21224	
18. 420.11	CAUSE OF		1910 =3300	INTERVAL BETWEEN	
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH	
LEADING TO DEATH	(A)	Myocardial Infar	ret	3 Hours	
(This daes not mean the made of dying, heast foiluse, asthenia, etc. It means the dise					
injury as complication which caused death,)		Central Nervous	System Bleed	3 Hours	
ANTECEDENT CAUSES	DUE TO	**************************************	0 *************************************		
DISEASES OR CONDITIONS, if any, gi	ving ? (	Gastro Intestina	al Bleed	3 Hours	
UNDERLYING CONDITION last.	The (C)		கில் செர்வர்க்கிற இலைத் நிறிஞ்சு வழி நிறிஞ்சு முகும் நிறிஞ்சு இருக்கு இருக்கு இருக்கும் இருக்கும் இருக்கும் இரு		
11					
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO					
DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	ES OF QEATH?	
U 21A. ACCIDENT WAS UNDERLYING	21B, PLACE OF INJURY (e.g., in	Yes about 21C WHERE DID	Ut in Baltimare C	Ilf in Boltimore City, give exact location)	
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	home, form, foctory, street, off	ice bldg., INJURY OCCUR?	III III BOIIIIIIOIE C	ary, give exact loconom	
U		015 110 11 010 1111	100 0 0 0 100		
OF INJURY	21 E. INJURY OCCURRED  While At Not While	21F. HOW DID INJU	JRT OCCUR!		
(APPROX)	Work At Work				
22. I certify that (1) (this hospital) attend		***************************************	9 65 to Janua		
that (I) (we) lost sow the deceased olive	on January 22,	19 <u>65</u> and the	at In(my) (aur) apinio	on death occurred on the day	
ond hour and from the couses stated above	e. (1) (We) (did) (did not) vi	iew the body ofter death.			
23A. SIGNATURE			2:	3B, DATE SIGNED	
1 Malitra	M.D. Atter	nding Med. Director	Stoff Phys.	January 22, 1965	
23C.PHYSICIAN'S NAME (Type)	2	3D. ADDRESS			
Howard K. Rat	nbun M.D.	4940 Easter	n Avenue #21	224	
	C. NAME of CEMETERY OF CRE			town, or county) (State)	
1 0 1-25/5	Sacred H	east /	Balto Co	md,	
25A. DATE REC'D BY HEALTH DEPT.   25B. NA.	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS	
JAN 25 1965 R.C.	SE Falley M.A	Connelly 3	300 Mace a	no. Balto. 21	

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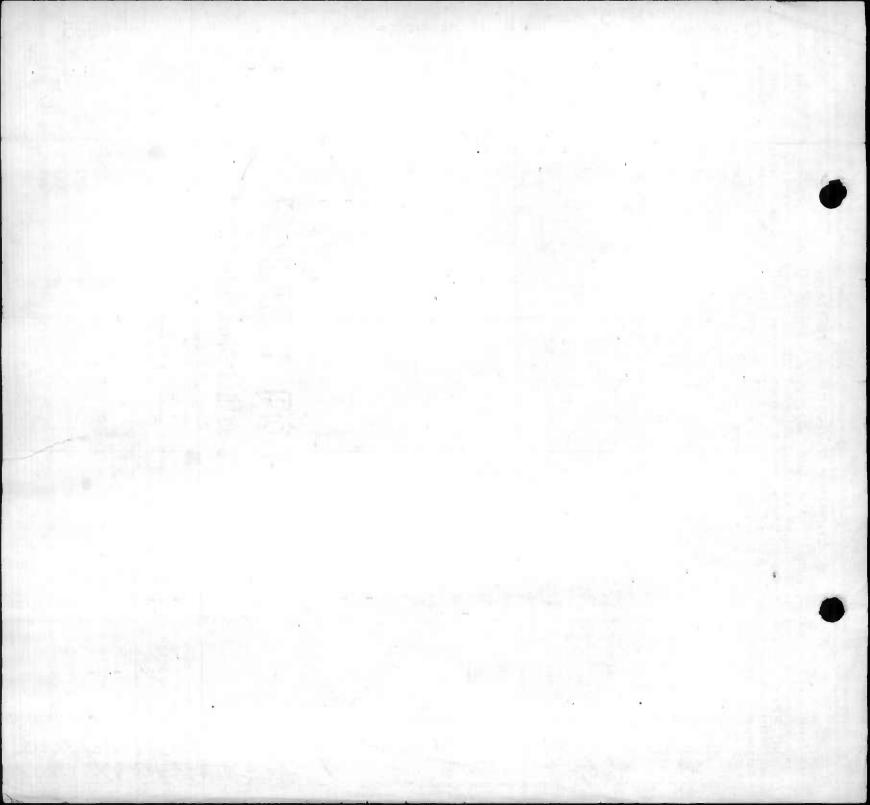


BRTH NO. 65 0824 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	65 0824
1. NAME OF DECEASED (Type or Print)  MARGARET	CDOCC		HOUR OF DEATH	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	UNU33	14. USUAL RESIDENCE (Where	1-20-65	M. stitution: residence before admission)
FULL NAME OF (If not in hospital or institu HOSPITAL OR address or lacation)	tion, give street	MARYLA  C. CITY OR TOWN (If outs	ND ido city limits, write R	16-03
JOHNS HOPKINS HOS	SPITAL	BALTIMORE D. STREET ADDRESS (IF 1)		
	RRIED, NEVER MARRIED OWED, DIVORCED (Spocily) MARRIED	8. DATE OF BIRTH	. AGE (In years ost birthday)	If Under 1 Yr. II Under 24 Hrs. Months: Days Hours Min.
done during most of working life, even if retired)	THOME	BALTOMO		12. CITIZEN OF WHAT COUNTRY?
SAMUEL BEVANS		SARAH LEE		
15. Was Deceased Ever in U. S. Armed Forces? (Yos, no or unknown) (If yes, give war ar dates of sor	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or camplication which caused death.)  ANTECEDENT CAUSES		Amorany &	nbolizati	on commount
DISEASES OR CONDITIONS, if any, grise to the obave couse (A) stoling UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING	SCVD	**************************************	anknow
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING ITS.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF  DEATH (natily medical exominer)	21B. PLACE OF INJURY (e.g., inhome, form, lactory, street, of	n ar about 21 C. WHERE DID	(II in Boltimaro	o City, give exact lacation)
21D. TIME (Month) (Day) (Your) (Haur) OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At Not While Work  Not Work		JRY OCCUR?	
22. I certify that (1) (this pointal) often that (1) (we) lost sow the deceased alive and hour and fram the couses stated about 23A. SIGNATURE	on 1.10. 12	A 19 65 and the	965_to it in(my) (o <b>)/</b> opin	1966, nian death occurred on the date
23C. PHYSICIANS NAME (Type) DR. W.T. MAXS	Phy	ending Med. S. Med. Director  23D. ADDRESS THE JOHNS HO	PKINS HOSI	PITALM BALTIMORE
Burne 1/23/65	4C. NAME OF CEMETERY OF CR	EMATORY 24D. LC	Bacto m	ty, tawn, ar caunty) (State)
JAN 2 5 1965 Q	ub E. Sarbey M.A.	Marshally	Stripes 6	38 NGILMOR &



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FUNERAL DIRECTOR: IMPORTANT	dical cal ns; ( iciai ras
SAL	medi bur bur shys
NE	a nody he
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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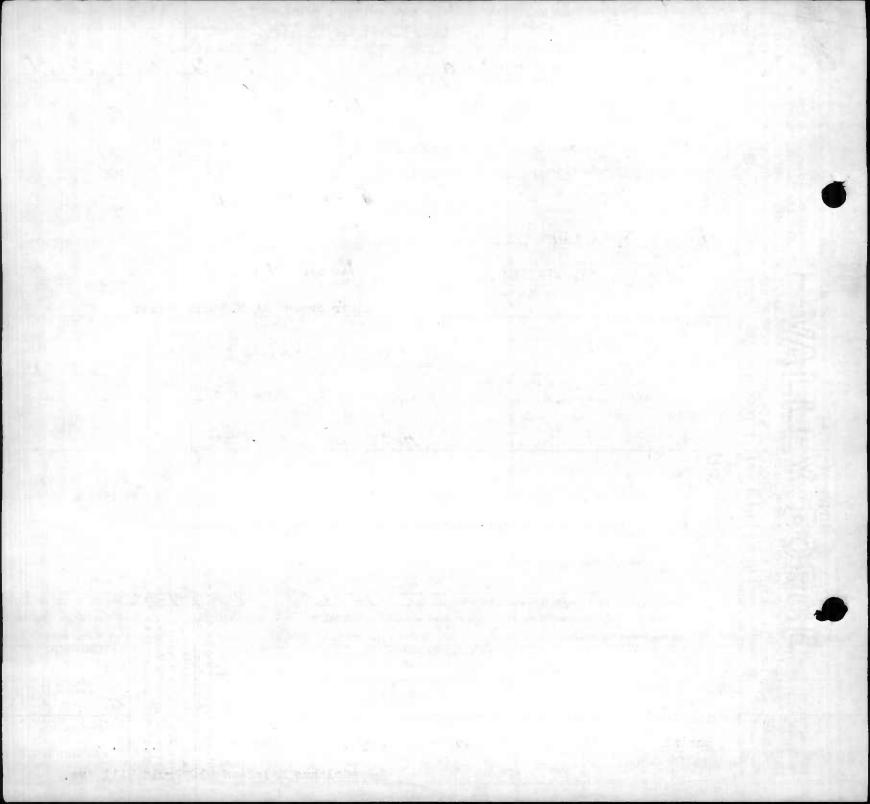
		65 08%	25	BALTIMORE CITY	HEALTH DEPARTMENT		
	H NO.	()0		CERTIFICA	TE OF DEATH	Registered Na	65 0825
1. N	AME OF DECEA	ASED			2. DATE A	ND HOUR OF DEATH	
Пур	e or Print)	Myrtle Wes	st		1-2	0-65	2:55 n. M.
3. P	LACE OF DEAT	H IN BALTIMORE, M.	ARYLAND		A. STATE B. COU	ere deceosed lived. If in:	2:55 p. M. stitulion; residence before admission)
F	TULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital oddress or localid	on)		c. CITY OR TOWN (If o	utside city limits, write R	URAL ond give township)
		Provident			Baltimore		
		1514 Divi	ision St			f rural, give facation)	
		Baltimore	e, Maryl	and 21217	533 Robert	20.	the state of the s
5. S	EX 6	RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min.
Fe	male	Negro		dowed	8-27-1900	lost birthdoy) 64	Monms Doys Hours Min.
				BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZEN OF
		orking life, even if reliced)					WHAT COUNTRY?
	None			None	Lancaster, V:	irginia	USA
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	AME	
	John	Mason			Louise Ca	arter	
15.	Was Deceased E	ver in U. S. Armed Fo	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Tes	, no or unknown) (	If yes, give wor or do	tes of servicel	SECURITY NO.			
	18. 21	7 1 1		CAUSE O	F DEATH		INTERVAL BETWEEN
		OR CONDITION D	IDECT! Y	Cer	ebral vascula:	r accident	ONSET AND DEATH
		EADING TO DEATH					
	(This daes no	t mean the made a	if dying, e.g.,	DUE TO	monary edema	***********	******************************
	heart failure, a	sthenia, etc. It mean	s the disease,				
		licalian which cause		Ant	eriosclaratio	hoont dicon	
	Al	NTECEDENT CAUSE	.5	DUE TO	eriosclerotic	HEST F MINER	2.2
		CONDITIONS, if					
		abave cause (A)	slating the	(c) Gene	ralized arter	losclerosis	
	ONDERETING	CONDITION Idsi.					
7		11		Peritone	al adhesions,	massive	
ATION	OTHER SIGNIFI	CANT CONDITIONS ATH BUT NOT REL	CONTRIBUTIN		hemorrhagic o		
AT		ONDITION CAUSING					
F	-	PERATION 198. CO	NOTION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or h	O) 20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
ERTIFI	12-18-	64 Inte	stinal	obstruction	Yes	III CERIII IIIIO CAL	osts of beam.
ü	21 A. ACCIDENT	WAS UNDERLYING	21B	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
AL		ING CAUSE OF	hon etc.		ffice bldg., INJURY OCCUR?		
U					0.5		
MEDI	OF INJURY	Month) (Doy) (Year		INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
<	(APPROX)		Wo	ile At Not While			
	22   consider si	hat (1) (this hospita	al\ attended t	he deserred from 1	2-15-64	19 to 1-2	0-65
				7-20-65			
		ast saw the deceas		······································			nian death accurred on the date
	and haur and	from the causes sto	ated above. (	l) (We) (did) (dld nat) v	view the body after death	•	
	23A. SIGNATUR	E					23B, DATE SIGNED
		feel &	Jun	M.D. AH	ending Med.	Stoff Phys.	1-21-65
ш	23C.PHYSICIAN			Phy		Phys. La	1-21-05
14	NAME (Typ	ie)			23D. ADDRESS		
	0.	Arroyo		M.D.	1514 Divisi	on St.	
24A	BURIAL CREM		24C.N	AME of CEMETERY OF CR	EMATORY 24D.	LOCATION (Cit	ly, town, or county) (State)
1	REMOVAL (Sp	ecity)	-11-0	1,000		0 0	
1	June	1/25	164/	us call	au a	- Cli Coc	entrud
25A	PAK REC'D 8	HEALTH PEPT.	258 NAME	REGISTRAR	25C. FUNERAL DIRECTO	R	ADBRESS
1	OHIT ZU	1300 Olober	ण हे, जव	Joen Mill	(C) 1/ded	Explored !	10 20100/1/11
VS	150-REV. 1/1/65					00-00	- white



CE 0000	BALTIMORE CITY	HEALTH DEPARTMENT		65 0825
BIRTH NO.  M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	A TO
1. NAME OF DECEASED (Type or Print)  ANNE HAMM  3. PLACE OF DEATH IN BALTIMORE, MARYLAND	ond		1- 2 2 -	25 5= 10 Pm.
FULL NAME OF (If not in hospital at institution, HOSPITAL OR addless or location)	give street	A. STATE B. COUN  Md. C. CITY OR TOWN (If out	18-	13
CHURCH Home &	HospiTA2	BALTO. D. STREET ADDRESS (If I	rurol, give locotion)	7
5. SEX 6. RACE 7. MARRIED. WIDOWE	NEVER MARRIED		9. AGE (In years lost birthday)	If Under 1 Yi. If Under 24 His. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if refired)	BUSINESS OR INDUSTRY	1 . BIRTHPLACE (State or forei		12. CITIZEN OF WHAT COUNTRY?
HOUSE KEEPEY 13. FATHERS NAME		BALTIME  14. MOTHERS MAIDEN NAM  14. MOTHERS MAIDEN NAM  15. MOTHERS MAIDEN NAM  16. MOTHERS MAIDEN NAM  16. MOTHERS MAIDEN NAM  17. MOTHERS MAIDEN NAM  18. MOTHERS MAIDEN NA	N.E.	
FVANR BYOWN  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no oi unknown) (If yes, give wor or doles of service)	1 6. SOCIAL SECURITY NO.	ROSIE T	rod	ADDRESS
		Edgar Brown 14	N.Mount St	
18.420,01	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Pa	1 man Name	a interes	Agai
(This does not mean the made of dying, e.g.,	(A) DUE TO	LMONAP	TATATE	11014
hearl lailure, asthenia, etc. It means the disease, injury or camplication which caused death.)		/		
	18 C. L.	WONIE COI	NOFESTI	LE?
ANTECEDENT CAUSES	DUE TO	HEALT F	7 / 21/2	7.
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the				
UNDERLYING CONDITION lost.	Dr7	EVIOSELEI	en tie.	
ll ll		EAVT DISE		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	G	ERY   1218E	FASE	
198. CONDITION FOR WAS PERFORMED		20A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	JSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	ne, form, foctory, street, of	fice bldg., INJURY OCCUR?	(II in Boltimore	City, give exact location)
U OF INJURY	. INJURY OCCURRED  nile At Not Whit  At Work	21 F. HOW DID INJ	URY OCCUR?	
22. I certify that (I) (this haspital) attended t	he deceased from	1-19	965 to 1	- 22 19 65,
that (i) (we) lost sow the deceased alive on	1-22	19 65 and the	ot in (mv) (our) only	
ond hour and from the couses stated above. (				
23A. SIGNATURE	// (we/ (ala/ (ala 1101/ v	Tew the body offer deoffic		238, DATE SIGNED
	M.D. Alle	ending Med.	Stoff Phys.	1-23-65
Exchain Bayage	Phy		Phys.	1-33 600
NAME (Type)		23D. ADDRESS	7.1	
EPHRAIM B. BAY?	19 19 M.D.	CHURCH	Home	\$ 405 DIL AT
EpHRHIM B. BAY?  24A. BUMAL CREMATION, 24B. DATE  REMOVAL (Specify)  24B. DATE  24C.N	AME of CEMETERY of CRE	MATORY 24D. LO	CATION (Cit	y, town, or county) (State)
	Calvary Cemet			
	OF REGISTRAR	ery Ann	ATUMET OF	ADDRESS
JAN 25 1965 Robert & Fart	Dest Milk	Adolphus Hals		

Adolphus Halstead 918 Druid Hill Ave.

V\$ 150-REV. 1/1/65



			BALTIMORE CITY	HEALTH DEPARTMENT		65 0827
BIRTH NO. 5		0827	CERTIFICA	TE OF DEATH	Registered No.	
ME CASE NO					D HOUR OF DEATH	•
Type or Print)					21-65	1 10.250
SH PLACE OF	DEATH IN BALTIMORE MA			4. USUAL RESIDENCE (When	, , , ,	institution: residence before admission)
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FULL NAM HOSPITAL (	OR oddress or locotio		give street		BALTIMORE	RURAL ond give township)
LUTHE		TAI	OF MD.	BALTIMORE		
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. SEX	6. RACE	7. MARRIED.	NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
17.	C	M	ARR.	2-29-12.	lost birthdoy) 52.	
	CCUPATION (Give kind of work of working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
UNEMPL				Virginia		USA
3. FATHER'S	NAME			14. MOTHER'S MAIDEN NA	ME	
1	no sila	< m'	+1.	Samo	T	21
Was Decer	osed Ever in U. S. Armed For	J 11(1	1 6. SOCIAL	17. INFORMANT	Fendas	ADDRESS
	own) (If yes, give wor or dote		SECURITY NO.		J	
NO			UWK.	DELORES SMIT	M	2500 ELS MORE
1B. //	a VI		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DIS	EASE OR CONDITION DI	RECTLY	^			
	LEADING TO DEATH		W CA	RCINOMA	OF THE	LUNG
(This dae	s not mean the mode of	dying, e.g.,	DUE TO			
heart lail	ure, asthenia, etc. It means	the disease,	•			
injury at	camplication which caused	death.)	rest	METASTA	SIG TO	ROAIN
	ANTECEDENT CAUSES		DUE TO	Tieliett	1010	
DISEASE	OR CONDITIONS, if	any, giving				
rise ta	the abave cause (A)		(C)	M4-0-2-00-00		
UNDERL	YING CONDITION lost.					
,	11		Yes and the			
OTHER S	GNIFICANT CONDITIONS (	ATED TO TH	G E			
	OR CONDITION CAUSING	IT.		<i>6</i>		
19A. DATE	OF OPERATION 198. CON WAS PER		WHICH OPERATION	20 A. AUTOPSY (Yes or No	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
) 21A. ACC	DENT WAS UNDERLYING	21B.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Bottime	ore City, give exact facation)
OR CONT	RIBUTING CAUSE OF	hom etc.	e, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
ر ا						
OF INJUR		(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		Whi	le At Not While			
				1 10	1	- 21 /
22. I cer	tify that (I) (this haspita	i) attended t	ne deceased fram	1-/-	19 65 to /	19.62
that (1)_(	we) last saw the decease	ed alive an	1-21	19.65 and th	at In (my) (aur) ap	pinian death accurred on the date
			6	view the bady after death.		
23A, SIGN		,	, () (ara mar) (	The budy differ dedin.		23 B. DATE SIGNED
()		F	M.D. AH	ending Med.	Stoff 💙	1
7-36	us 6.	sach	Phy	s. Director	Phys.	1-72-65
23C PHYS	JESUS G.	SANTIAN	O M.D.	LUTHER	AN HO	SP. OF Md.
4A. BURIAL	CREMATION, 248. DATE		AME of CEMETERY OF CR		, , , -	City, town, or county) (Stote)
REMOV	AL (Specify)	( = T.(	(	1 1 6	-00.	tool 111 111
Duria	1-91	02 Jet	FELZONION (	hurch Cem. J	offerzen	70.00
1000	C'D BY HEALTH DEPT.	25B. NAME	F REGISTRAR	25C. FUNERAL DIRECTOR	0	ADDRESS Ang. N
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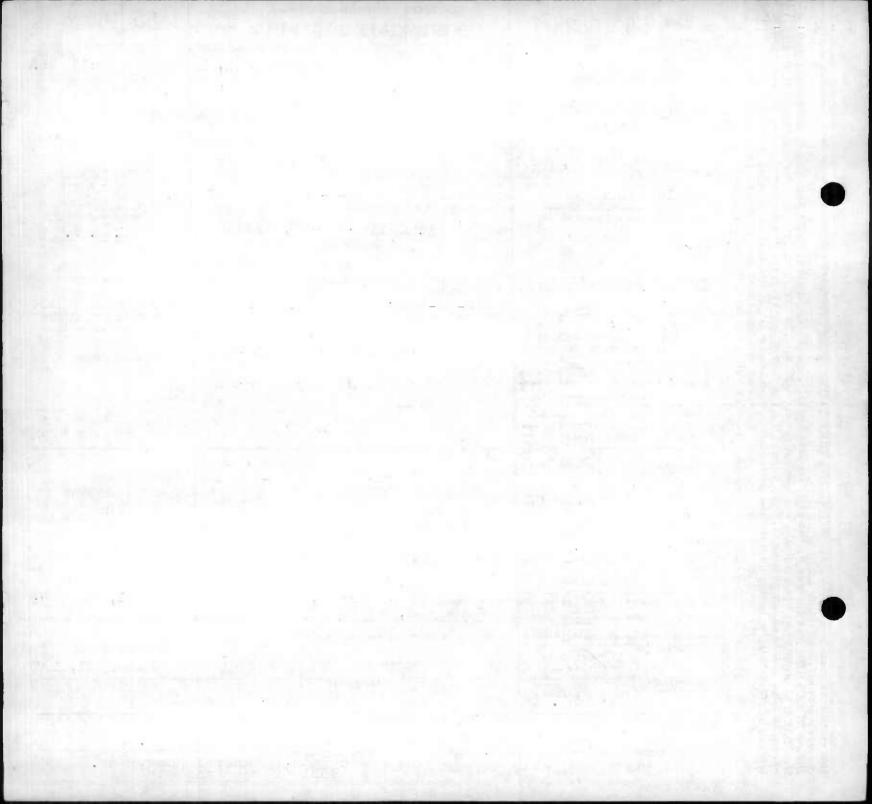
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shows:

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF OECEASED 2. DATE AND HOUR OF CEATH Κ. (Type or Print) Caroline Sunkel January 21, 1965 3. PLACE OF DEATH IN BALTIMORE MARYLANO 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
A, STATE
B, COUNTY A. STATE Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If autside city limits, write RURAL and give township) INSTITUTION Baltimore City Hosptials Baltimore
D. STREET ADDRESS 4940 Eastern Avenue (If rural, give location) 3125 Ravenwood Avenue #21213 Baltimore, Maryland 21224 mad 7. MARRIED, NEVER MARRIEO 5. SEX B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 His. Manths: Days Hours Min. WIDOWED, DIVORCED (specify) 67 Female White Separated 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF isposition WHAT COUNTRY? dane during most of working life, even if retired) Maryland, Baltimore Cross & Blackwell U. S. A. 13. FATHER'S NAME 4. MOTHER'S MAIOEN NAME Adam Gossman Barbara Harold 15. Was Oecosed Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor ar dotes of service) 6. SOCIAL 17. INFORMANT AODRESS SECURITY NO. RECORDS: BCH: 4940 Eastern Avenue #21224 212-22-9069 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION OIRECTLY med LEADING TO DEATH Cerebral Vascular Accident (This does not mean the mode of dying, e.g., embal heart lailure, asthenia, etc. Il means the disease, injury or camplication which caused death.) Metastatis Lympho Sarcoma ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION last. remains OTHER S.
TO THE DE.
DISEASE OR CON19A. DATE OF OPERATION
W.
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF
DEATH (notify medical examiner)

(Manth) (Day) (Y H Arteriosclerotic OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Cardio-Vascular Disease Sepsis and DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION WAS PERFORMED Yes 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, laim, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) etc.) (Month) (Day) (Year) 21 E. INJURY OCCURRED 21 F. HOW OID INJURY OCCUR? Not While While At At Work Work 22. I certify that (I) (this hospital) attended the deceased from January 15, 19 65 to January 21, that (I) (we) lost saw the deceased alive on January 21, 65 and hour ond from the causes stated above. (1) (We) (did) (did not) view the bady ofter death. 23A. SIGNATURE 23 B. DATE SIGNED Attending M.O. Med. Phys. X January 21. 1965 Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS approv NAME (Type) 4940 Eastern Avenue #21224 Howard Rathbun M.D.

ond that in (my) (our) opinion deoth occurred an the dote 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 1/25/65 Burial Baltimore Cemetery Baltimore, Md. Schimunek Funeral Home, Inc. 258, NAME OF REGISTRAL AODRESS 3331 Brehms Lane VS 150-REV, 1/1/65



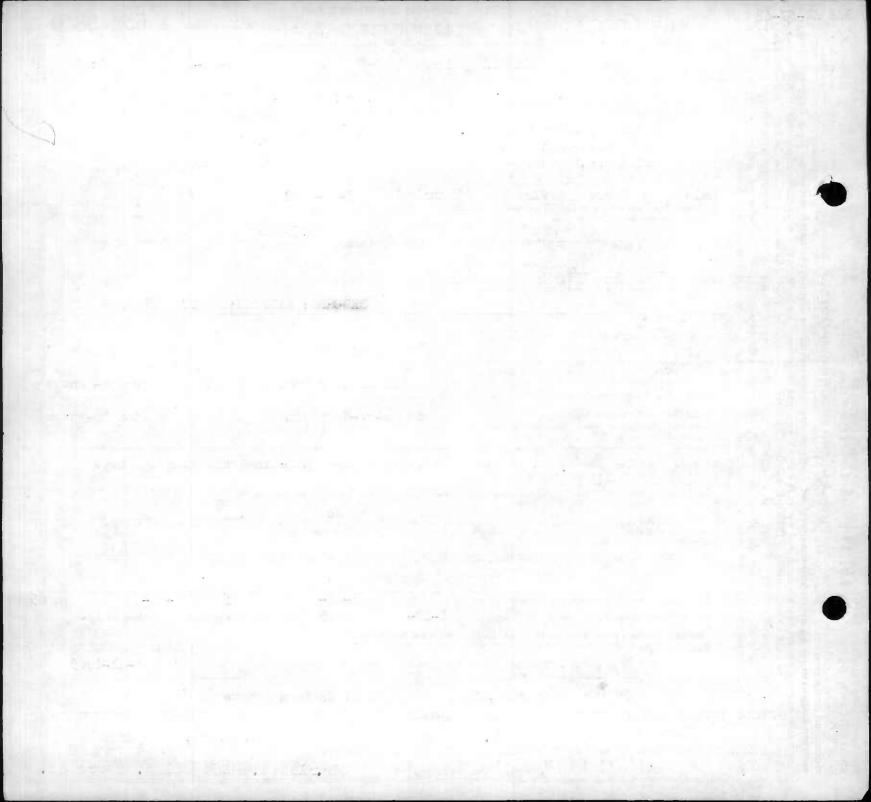
1-	5001	BIRT M.I
	se of des (5) Decea ance on death. S	3. I
3	ting cause; d cause; r attender to e.	BIR1 1. N. (Tyri 3. 1 5. 2 I 10A don 13. (Ye:
	contribucentri	5. S
IN	direct or direct or 1; (4) Und th was in the disposition	13.
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	(Ye
OR: IN	niner or finer. Als racture o pronou gular atte	
DIRECT	cal examins; (3) A (ician white) are	
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) L	od by the ospital by sture; (2) of where (6) No phened befor	MEDICAL CERTIFICATION
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	certificat sody was vs: (1) An D.O.A. at ased pric	24/
	This the k show was dece	254

		BALTIMORE CITY	HEALTH DEPARTMENT		OF DOME
BIRTH NO.	65 0829	CERTIFICA	TE OF DEATH	Registered No.	65 0829
Type or Print)	CEASED		2. DATE AND	HOUR OF DEATH	
	JOHN HERBERT			7 21, 1965	6 <b>4</b> m
FULL NAME ( HOSPITAL OR INSTITUTION	OF (If not in hospital oddress or locatio	or institution, give street	Maryland  C. CITY OR TOWN (If outsi		RURAL and give township)
Johns	s Hopkins Hosp	pital	D. STREET ADDRESS (If rus	rol, give locotion) Avenue 21	205
male	6. RACE	7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify) married	B. DATE OF BIRTH 9.	AGE (In years st birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
		108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign		12. CITIZEN OF
one during most of	f working life, even if retired)				WHAT COUNTRY?
Fireman		Curtis Bay Ord. Dept			U.S.A.
3. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAM	E	
Charles	F. Lamm		Mary Michaels		
5. Was Deceases	d Ever in U. S. Armed For	rees? 16. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknow	(n) (If yes, give wor or dote	es of service) SECURITY NO.	Section 1 Section 2		
		219-22-8340	Mary Lamm 263	30 Ashland	
1B. 42	0,/1	CAUSE O	F DEATH		ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY	d	0	
			/		
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JAN 25 1303 (15 July 5 , 10 may 2601-03-05 E. Madison Street VS 150-REV. 1/1/65

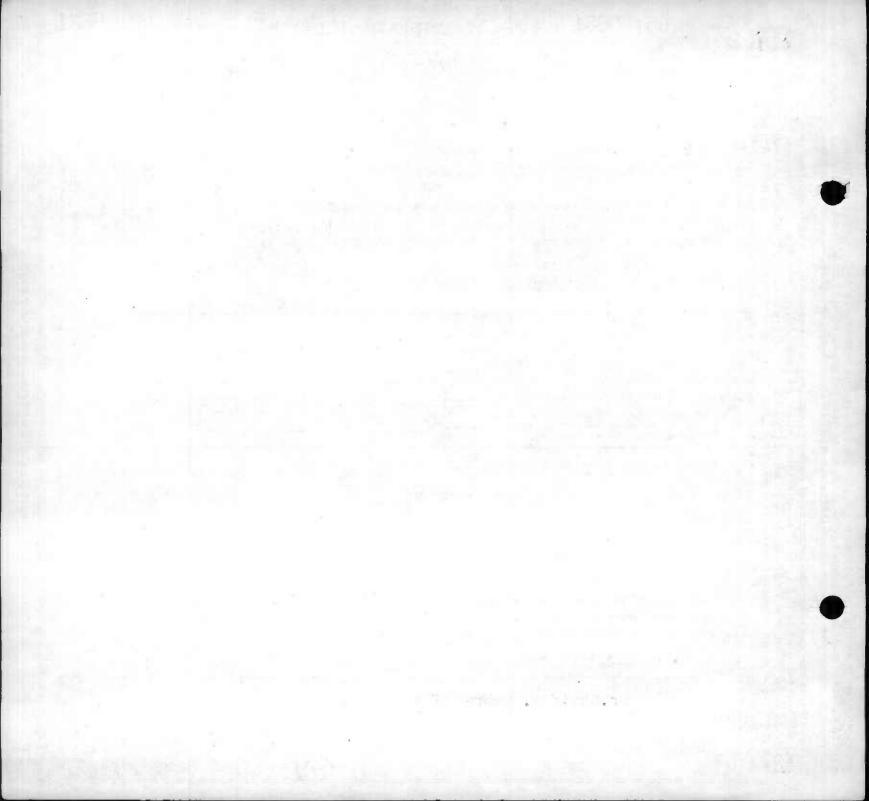
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MRTH NO. 6			BALTIMORE CIT	HEALTH DEPARTMENT		OF DOGO
			CERTIFICA	TE OF DEATH	Registered Na.	65 0830
NAME OF D Type or Print)		Ringold	Ringgold	2. DATE	1-21-196	5 5:45 P
FULL NAME	DEATH IN BALTIMORE, M	-		4. USUAL RESIDENCE (WA. STATE B. COL	here deceased lived. If in	stitution: residence before admissi
HOSPITAL O	R oddiess or locoti	ion)		Baltimore		RURAL ond give township)
	4940 Eastern . Baltimore, Mar		224	707 North App	Oleton Street	
Male	6. RACE Negro	7. MARRIED.	NEVER MARRIED , DIVORCED (specify)	8. DATE OF BIRTH 3-28-1881	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mir
OA. USUAL OC		ork 108, KIND OF		11. BIRTHPLACE (Stole or for	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S N	AME			14. MOTHER'S MAIDEN N		
	muel Rings			Sarah		
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	LEADING TO DEAT	Н	(A) He	patic Coma	0~0000000000000000000000000000000000000	5 days
heart failu	re, asthenia, etc. It mear camplication which cause	ns the disease,	Com	mon Bile Duct	Obstruction	weeks-months
	A NITE CEDENIT CALLS	r c		anom Direct Dates	000010001011	Woolin molitar
rise ta	OR CONDITIONS, if the abave cause (A ING CONDITION last.	any, giving	(B)	-vs-Neoplasm		months-years
rise to UNDERLY	OR CONDITIONS, if the abave cause (A ING CONDITION last.	any, giving the stating the CONTRIBUTING	Stone (C) Possible			months-years
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OTHER SIGN TO THE DISEASE (19 A. DATE DISEASE (19 A. DATE DEATH (no OF INJURY (APPROX.))  22. I cert that (I) (vand haur	OR CONDITIONS, if the abave cause (A ING CONDITION last.  II  GNIFICANT CONDITIONS DEATH BUT NOT REDR CONDITION CAUSING OF OPERATION 198. CWAS PICTURE (Month) (Doy) (Yeo ify that (I) (this hospital) last saw the deceat and from the causes standing in the cause standing in	CONTRIBUTING LATED TO TH SIT.  21B. hom etc. ii) (Hour) 21E. Whi wo	POSSIBLE  POSSIBLE  WHICH OPERATION  PLACE OF INJURY (e.g., in the control of the	Gastro Intest  20 A. AUTOPSY? (Yes or  No  n or obout 21 C. WHERE DID  ffice bidg., INJURY OCCUR?  21 F. HOW DID I	inal Bleeding  No) 208. IF YES, WERE IN CERTIFYING CA  (If in Baltimor  NJURY OCCUR?  19 65 ta 10  that in (my) (aur) api  h.	months-years  Days  FINDINGS CONSIDERED USES OF DEATH?  e City, give exact location)  21-  19  nion death accurred an the last signed



3.2	1	0	- (	C	1	
3.2	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death?	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🧷	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	
	pital	of de	Decec	e on	ath. S	
1	a hos	ause	e; (5)	ndanc	o de	
50	ui p	ing c	caus	atte	rior	
	ccurre	tribut	minec	gular	sed p	made
	ath o	r con	deter	in re	decea	ion is
	if de	ect o	4) Un	WGS	the	sposit
IAN	stant	he dir	ind; (	leath	no e	nal di
FUNERAL DIRECTOR: IMPORTANT	is assi	1 if t	any k	ced	ndan	or fil
N.	rorh	Also	Jre of	nonc	atte.	almed
TOR	mine	niner	fracti	no pr	gular	embe
IREC	al exc	exal	(3) A	an w	in re	ns are
AL D	nedice	edical	ourns;	nysicie	n was	email
NER	hiefr	8	3ody	he pl	sicial	the r
J.	the c	al by	; (2)	here i	lo phy	before
	ed by	hospit	ature	w to	(9)	ined
	pprov	o the	any r	(exce	; and	e obta
	t be c	sed t	ent of	spital	death)	ust b
	e mus	relec	accid	t a ho	or to	written approval must be obtained before the remains are embalmed or final disposition is made.
	tificat	y was	(1) An	2.A. a	od prik	appre
	is cen	poq a	ows: (	JS D.C	cease	ritten
	노	÷ P	sh	3	qe	3

	BALTIMORE CITY	HEALTH DEPARTMENT		O P**
BIRTH NO. 65 0831 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	65 0831
1. NAME OF DECEASED	Hie (HATTI	EBONLEY)	HOUR OF DEATH	99
3. PLACE OF DEATH IN BALTIMORE MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If ins	titution: residence before admission)
FULL NAME OF (If not in haspital or instituti HOSPITAL OR oddress ar lacotion)	on, give street	Mary land	Baltim	
HOSPITAL OR oddress or location) Whiversity Ho	spital	C. CITY OR TOWN (If ours	ide city limits, write R	URAL ond give township)
Baltimore, Mar		631 West	Couwa	y St.
	IED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND	OF BUSINESS OR INDUSTRY		n country)	12, CITIZEN OF
dane during most of working life, even if retired)		Virgin	9	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	<u></u>
Jul Grown		unta	· · · ·	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		anne Har	is 6314	V. Conway ST
18. 6 92 X I	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISÉASE OR CONDITION DIRECTLY	~	Labora dala	1.4	
LEADING TO DEATH (This does not mean the mode of dying,	(A) 3	overe dehyo	iration	
heart failure, asthenia, etc. It means the disea	250	, and a second s	4	
injury or complication which caused death.)	CV	wonic rena	diseas-	e
ANTECEDENT CAUSES	DOE 10			
DISEASES OR CONDITIONS, if any, giver is a la the above cause (A) stating	41			
UNDERLYING CONDITION last.	the (C)	***************************************		**************************************
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or about 21C. WHERE DID	(If in Baltimare	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, form, factory, street, of etc.)	fice bldg., INJURY OCCUR?		
OF INJURY (Manth) (Day) (Year) (Haur)	21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	·
(APPROX.)	While At Not While Work			
22. I certify that (1) (this haspital) attende		PM 1/19/65 19	10 28	M 120/65 19
	112-16- 1	) Prg c		
that (I) (we) last saw the deceased alive of	** : ::::::::::::::::::::::::::::::::::	and that	r in(my) (aur) apin	ion death accurred on the date
and haur and from the causes stated above	e. (1) (We) (did) (did not) v	iew the body after death.		
23A. SIGNATURE		ading com AAA com S		23B. DATE SIGNED
David Co. The	Phys	s. Oirector P	toff hy s.	1 26 62
23C.PHYSICIAN'S NAME (Type) Dr.David W. X		23D. ADDRESS		
24A. BURIAL CREMATION, 24B. DATE 24C	Baffage of LA	MATORY 24D. LO	04	, town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	alpenen	ADDRESS
IAN 2.5 1965 A C.	R. E. FarberAA	Charle	sa Kic	8. 66141 Barro
VS 150-REV. 1/1/65				, o o lo kould



BALTIMORE CITY HEALTH DEPARTMENT

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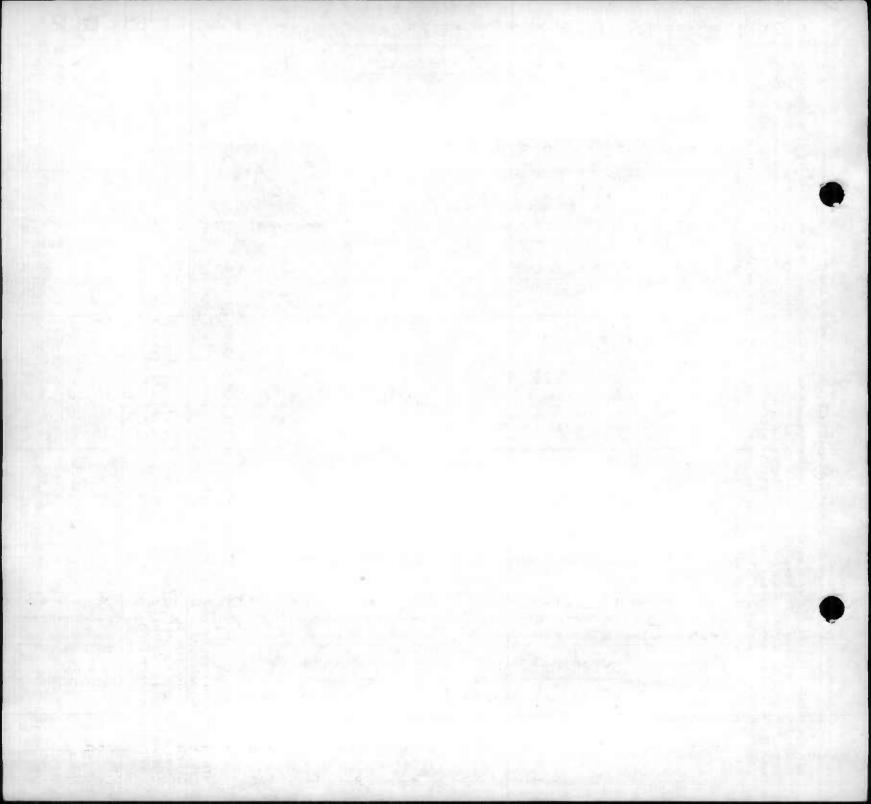
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IMPORTANT

DIRECTOR:

FUNERAL

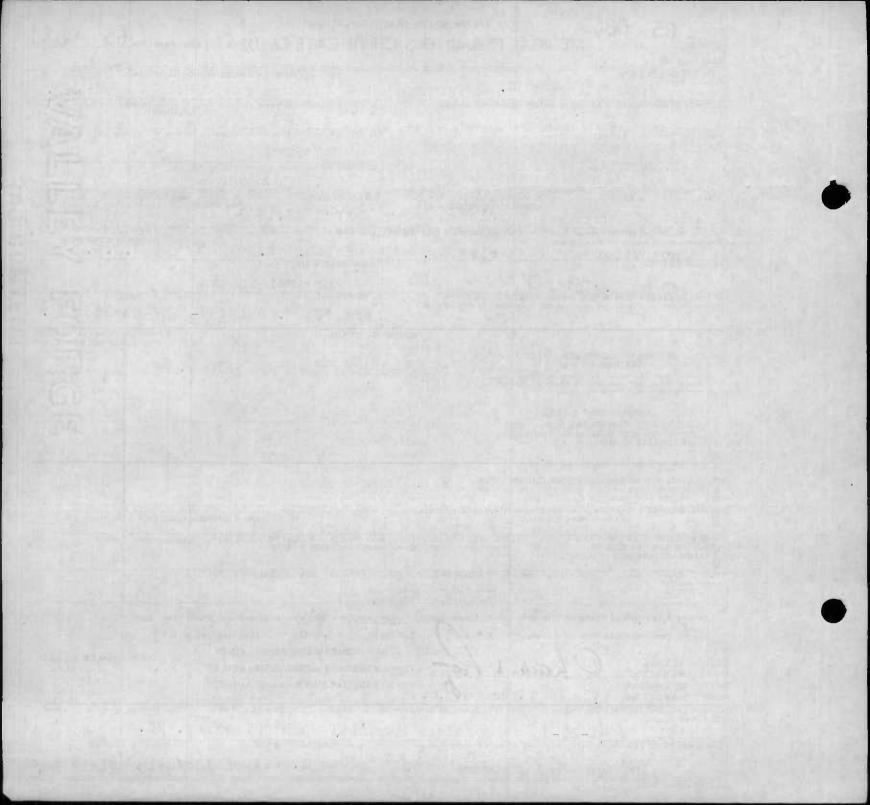


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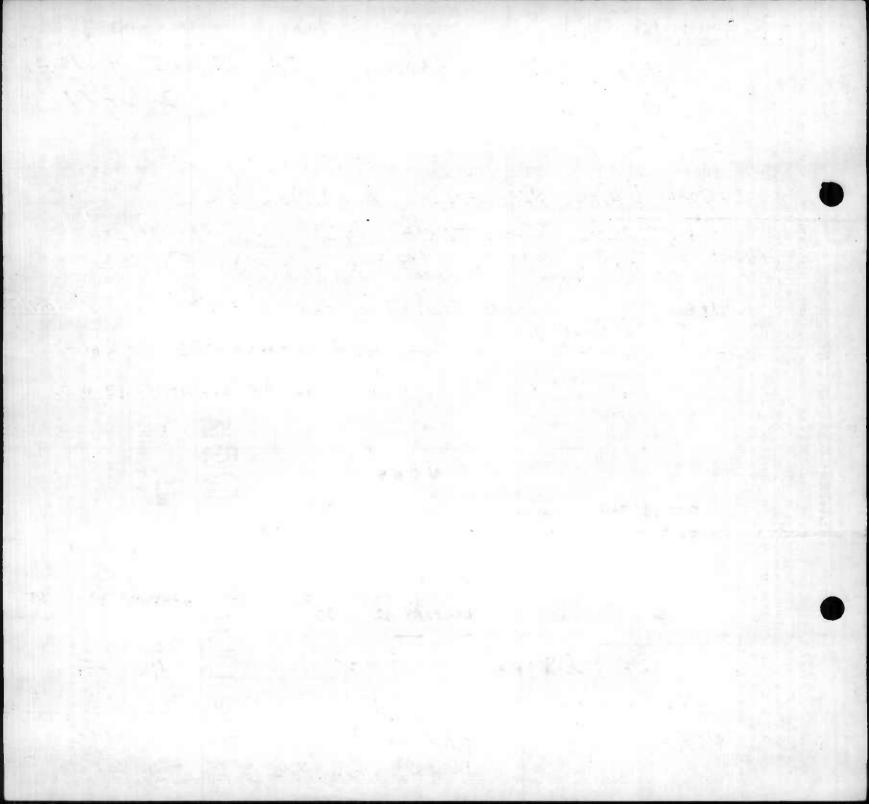
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 65 0833

M.E. CASE NO. 5 93	87					
1. NAME OF DECEASED		1.7			2. DATE AND HOUR PRONOUN	
	CHARLES	W •	SHIPLEY		January 23, 1965	4:35 A. M
3. PLACE IN BALTIMORE,	MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESID	DENCE (Where deceased lived. If in B. CC	stitution: residence before admission
FULL NAME OF (IF	NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET		yland	011041
HOSPITAL OR AD	DRESS OR LOCA	(NOIT			WN (If outside corporate limits, wri	the KUKAL and give township)
0.4	1 1	4 . 1			timore	0-0-0
St. Josep	n's Hospi	Ltai			ORESS (If rural, give location)	
					7 Sheldon Avenue	
5. SEX 6. RAC	E		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	lost birthdoy)	Months: Days: Hours, Min.
	White	Marr			23,1907 57	
toA. USUAL OCCUPATION		NOB. KIND OF	F BUSINESS OR INDUSTR	YII. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Supervis		Mar	tin Co.		o. Md.	U.S.A.
13. FATHER'S NAME				14. MOTHER'S A	MAIDEN NAME	
George I	. Shipl	ev		Mar	garet Thomas	
15. WAS DECEASED EVER (Yes, no or unknown), (If yes,	IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
, , , , , , , , , , , , , , , , , , , ,	give were or done	.5 0, 30,1100,		France	s C. Shipley-42	57 Sheldon Ave
118.	25-		CAUS	E OF DEATH		INTERVAL BETWEEN
RISE TO THE ABOV UNDERLYING CO TO THE DEATH DISEASE OR CONI 19A, DATE OF OPERA	II NT CONDITIONS BUT NOT RE	CONTRIBUTII				
19A. DATE OF OPERA	TON 198, CON	DITION FOR	WHICH OPERATION	20 A. AUTOPS	Y? (Yes or No) 208, IF YES, WERE I	FINDINGS CONSIDERED
0 2	WAS PER	FORMED		Yes	IN CERTIFYING CA	Yes
Q 21 A, EXTERNAL CAU O UNDERLYING OR CO UTING CAUSE OF	ONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street,	in or obout 21C. office bldg., INJUR	WHERE DID (If in Boltimore City, Y OCCUR?	give exact location)
OF INJURY	n) (Doy) (Yeo		WHILE AT NOT AT V	WHILE D	OM DID INTURY OCCUR?	
22. I certify the	et beld on	nguiry 🗌		tapsy X an	nd that an this basis, death in	my aninlan
resulted fro	m: Natural ca	oses X	Accident Sulcid		ide Undetermined man	ner 🗀
ACTUAL	(1)/	- 1	1/_		MEDICAL EXAMINER	DATE SIGNED
SIGNATURE_	640	ulin s	1 682 . W.D	•	MEDICAL EXAMINERX	1/23/65
EXAMINER'S	Charle	s S. Pet	tty, M.D.	ASSOCIATE I	MEDICAL EXAMINER	
NAME (Type) 23A. BURIAL CREMATION			C. NAME of CEMETERY	or CREMATORY	23D. LOCATION (Cit	ly, town, or county) (State)
REMOVAL (Specify)						
Burial	1-26-6		Moreland Me			
24A. DATE REC'D BY HE			OF REGISTRAR		RAL DIRECTOR	ADDRESS
100	25 1965	(12 Day 1	FE Jankey M.D	John	C. Miller Inc/	5415 Relain Da

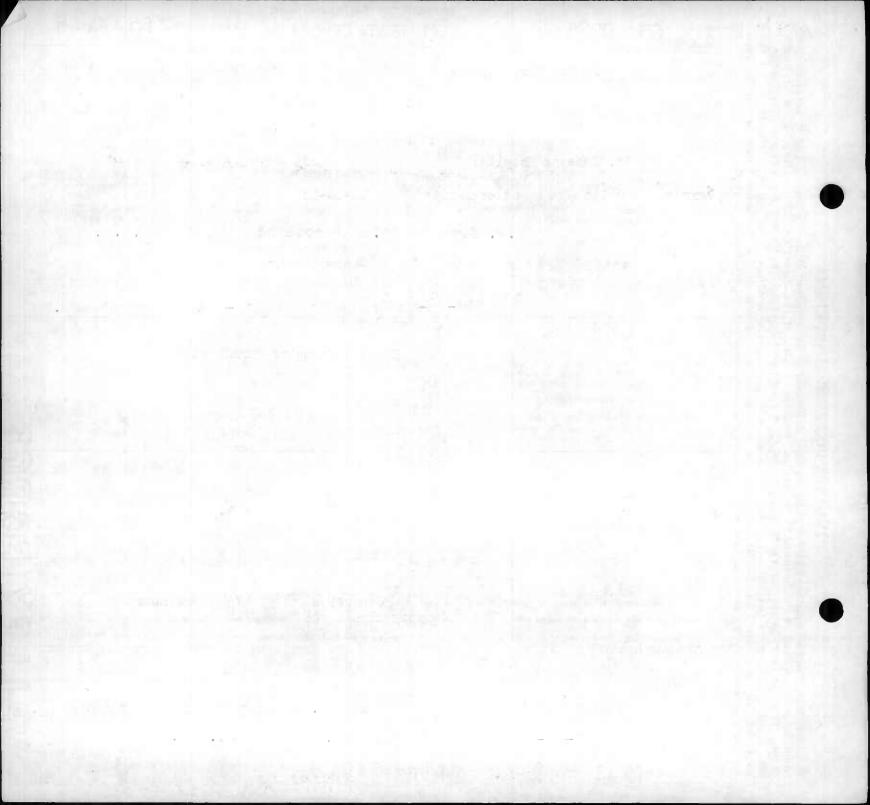


		BALTIMORE CITY	HEALTH DEPARTMENT		
11	RTH NO. 65 0834	CERTIFICA	TE OF DEATH	Registered No	65 0834
1.	NAME OF DECEASED  (Pe or Print) HILDA SOPHIA	9 HARMO		1.23,1965	8:45A.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUN		tution: residence before admission
	FULL NAME OF (If not in hospital or institution oddress or location)	on, give street	C. CITY OR TOWN (If out:	side city limits, write RU	RAL and give township)
-	3217 DILLON ST	<u>-</u>	BAUTO.		•
6	SLI DILLONI SI		3217 DILL	ovol, give location)	
5. F. 10	EMALE WHITE SEPT	ED, NEVER MARRIED WED, DIVORCED (specify)  ARATED	Aug. 9, 1962	ost birthdoy!	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 108, KIND no during most of working life, even if retired)  WAITRESS  CA1	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign)	gn country)	12. CITIZEN OF WHAT COUNTRY?
do la	FATHERS NAME	na ulner	14. MOTHERS MAIDEN NAM	AE	
15.	Was Deceased Ever in U. S. Armed Forces? es,no ar unknown) (If yes, give wor or dates of services)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	C.	ADDRESS
or ring	18. 15 3, 31	4+05-3927 CAUSE O	CATHERINE F DEATH	SMITH S	INTERVAL BETWEEN ONSET AND DEATH
Deliba	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made at dying, e	(A)	CARCINOMI	470515	6 MO,
BOLLO	heart failure, asthenia, etc. It means the disea injury ar camplication which caused death.)	ise,	IRCINOMA OI	F SIGMOII	12 mo,
9 9 9	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, givenise to the above cause (A) stating	DUE TO			, , , , , , , , , , , , , , , , , , , ,
	UNDERLYING CONDITION last.	(0)		***************************************	······································
The remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING NONE	£		
BTIFIC/	19A. DATE OF OPERATION 19B. CONDITION FO	A OF SIGMOID	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED ES OF DEATH?
AL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or about 21 C. WHERE DID	(If in Boltimore C	ity, give exoct locotion)
AFDICA M	OF INJURY	21E INJURY OCCURRED  While At Not While Work  Not Work	21F. HOW DID INJU	JRY OCCUR?	
100	22. I certify that (I) (this hospital) attende			965 10 JANI	
90	that (1) (See) last saw the deceased alive a and haur and from the causes stated above			it in(my) ( <del>out)</del> aplnic	on death accurred on the dat
II must	23A. SIGNATURE DOLL LI. Held	,	ending Med.	Stoff Phys.	123/65
24 24	23C. PHYSICIAM'S NAME (Type) PAUL G. HEROLD		10 W. MADIS	SON ST.	
	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	NAME of CEMETERY . CAN	MATORY 24D. LC	OCATION (City,	town, or county) (State)
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAM	THE OF REGISTRAN	25G. FUNERAL DIRECTOR	11	ADDRESS S
	JAN 25 1965 Rober	& E. Farley M.A.	Deorgell Hof	June 32	18 HUDSON



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		BALTIMORE CITY		0	C5 0025
M.E. CASE NO. 5		CERTIFICA	TE OF DEATH	Registered Na	
NAME OF DECEASED Type or Print)				ND HOUR OF DEAT	4.4
PLACE OF DEATH IN BALTIMORE, M	Mary A	nna	Jan	uary 21 19	65   6P
	ARTERIO		A. STATE B. COL	NTY	C A C C C C C C C C C C C C C C C C C C
FULL NAME OF (If not in hospite oddress or location		give street	Maryland	utalda alta limita unita	e RURAL and give township)
INSTITUTION		TO MAKE THE	Baltimore		E KOKAL ONG GIVE IOWNSNIP)
		B. C. H. S. C. S.		f rural, give location)	
St. Joseph	s Hospit	al	1603 Nor	mal Ave.	
female 6. RACE white	WIDOWE	D, NEVER MARRIED D, DIVORCED (specify) T MARTIED	8. DATE OF BIRTH 11-10-82	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of wo		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired Matron	W.T.	Grant & Co.	Scotland	1	U.S.A.
- FATHERS NAME	1		14. MOTHER'S MAIDEN N	AME	
Leonard Kr	ramer		Anna Braun		
5. Was Deceased Ever in U. S. Armed F		1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no ar unknown) (If yes, give war ar da	ies of service/	SECURITY NO. 212-22-8530	Leonard Kra	mer-6502 F	Rosemont Ave.
18.		CAUSE OF			INTERVAL BETWEEN
DISEASE OR CONDITION D	IRECTLY				ONSET AND DEATH
LEADING TO DEATH	1	(A) Cer	ebro Vascular	Phrombosis	
(This does not mean the made of		, DUE TO	***************************************		
heart failure, asthenia, etc. It mean					
injury or camplication which cause	d death.)				
injury ar camplication which cause ANTECEDENT CAUSE		(B)	55 Mahil Adalla depisana Sun asa at gadou wakepisan depisa a app	· · · · · · · · · · · · · · · · · · ·	
ANTECEDENT CAUSE	S	(B)DUE TO	***************************************	· · · · · · · · · · · · · · · · · · ·	
ANTECEDENT CAUSE DISEASES OR CONDITIONS, if	s any, giving	(B) DUE TO			
ANTECEDENT CAUSE DISEASES OR CONDITIONS, if	s any, giving	(B)			
ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the above cause (A UNDERLYING CONDITION lost,	any, giving stating the	(B)			
ANTECEDENT CAUSE DISEASES OR CONDITIONS, if tise to the above cause (A UNDERLYING CONDITION lost,	any, giving the state of the st	(B)			
DISEASES OR CONDITIONS, if itse to the above cause (A UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REIDISEASE OR CONDITION CAUSING	any, giving stating the CONTRIBUTING ATED TO TO IT.	(B)	20 A. AUTOPSY? (Yes or I	No) 20B. IF YES, WER	E FINDINGS CONSIDERED
DISEASES OR CONDITIONS, if itse to the above cause (A UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REIDISEASE OR CONDITION CAUSING	any, giving the contribution to the contributi	(B)	20 A. AUTOPSY? (Yes or 1	No) 20B, IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
ANTECEDENT CAUSE  DISEASES OR CONDITIONS, if itse In the above cause (A UNDERLYING CONDITION Inst.)  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REIDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CO WAS PE	any, giving stating the CONTRIBUTIN LATED TO THE STATE OF	(B)	or about 21 C. WHERE DID		E FINDINGS CONSIDERED AUSES OF DEATH?
ANTECEDENT CAUSE  DISEASES OR CONDITIONS, if itse to the above cause (A UNDERLYING CONDITION lost,  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REIDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. COWAS PER CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (notify medical examiner)	CONTRIBUTIN LATED TO TI IT. NODITION FOR REFORMED	(B)	or about 21 C. WHERE DID	(If in Boltime	
DISEASES OR CONDITIONS, if the late of late of the late of	CONTRIBUTING ATED TO TO THE ATED TO TO THE ATED TO THE	(B)	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltime	
ANTECEDENT CAUSE DISEASES OR CONDITIONS, if nise to the above cause (A UNDERLYING CONDITION lost,  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING 19A-DATE OF OPERATION 19B. CO WAS PE  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)  21D. TIME (Month) (Doy) (Year (APPROX.)	CONTRIBUTING ATED TO THE REPORMED  21 hours (Hour) 21 WW	(B) DUE TO  G (C)  IG HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., in me, form, foctory, street, official contents of the co	or obout 21C, WHERE DID fice bidg., INJURY OCCUR?	(If in Boltima	ore City, give exact location)
ANTECEDENT CAUSE  DISEASES OR CONDITIONS, if itse In the above cause (A UNDERLYING CONDITION Inst.)  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REIDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. COWAS PER CONTRIBUTING CAUSE OF DEATH (Inotify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (Inotify medical examiner)  21D. TIME (Month) (Doy) (Year OF INJURY (APPROX.)	any, giving stating the CONTRIBUTIN LATED TO	(B) DUE TO  G (C)  IG HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., in me, form, foctory, street, off in the content of the c	or obout 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID IN	(If in Boltime	ore City, give exact lacation) anuary 21 19 65
ANTECEDENT CAUSE DISEASES OR CONDITIONS, if ise to the above cause (A UNDERLYING CONDITION lost,  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 198. CO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)  21D. TIME (Month) (Doy) (Year (APPROX.)	any, giving stating the CONTRIBUTIN LATED TO	(B) DUE TO  (C)  (G)  (G)  (G)  (G)  (G)  (G)  (G)	or obout 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID IN	(If in Boltime	ore City, give exact lacation) anuary 21 19 65
DISEASES OR CONDITIONS, if ise Ia the abave cause (A UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REIDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. COWAS PER 19A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominet)  21D. TIME (Month) (Doy) (Year OF INJURY (APPROX.)  22. I certify that (I) (this haspit that (I) (we) lost sow the decease and hour and from the causes st	CONTRIBUTINATED TO	(B) DUE TO  G (C)  G (C	21F. HOW DID IN anuary L  1 19 65 and	(If in Baltime	anuary 21 19 65
DISEASES OR CONDITIONS, if ise Ia lhe abave cause (A UNDERLYING CONDITION Iosi.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REIDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. COWAS PEOPLE OF DEATH. (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. (notify medical examiner)  21D. TIME (Month) (Day) (Year OF INJURY (APPROX.)  22. I certify that (I) (this haspit that (I) (we) lost sow the decease and hour and from the causes st 23A. SIGNATURE	CONTRIBUTINATED TO TO THE LATED	(B) DUE TO  GO DUE DE DUE DUE DUE DUE DUE DUE DUE DUE	21F. HOW DID IN anuary 1  19 65 and the bady after death	(If in Baltime	anuary 21 19 65 plnian death accurred on the d
DISEASES OR CONDITIONS, if ise Ia lhe abave cause (A UNDERLYING CONDITION Iosi.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REIDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. COWAS PEOPLE OF DEATH. (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. (notify medical examiner)  21D. TIME (Month) (Day) (Year OF INJURY (APPROX.)  22. I certify that (I) (this haspit that (I) (we) lost sow the decease and hour and from the causes st 23A. SIGNATURE	CONTRIBUTINATED TO	(B) DUE TO  GO DUE DE DUE DUE DUE DUE DUE DUE DUE DUE	21F. HOW DID IN  anuary 1  1 19 65 and 6  iew the bady after death	(If in Baltime	anuary 21 19 65
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•	if deoth occurredirect or contribut; (4) Undetermined was in regular the deceased principles.
R: IMPORTAR	ner or his assistarer. Also, if the contract of any kind pronounced deater attendance or ballmal.
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	This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

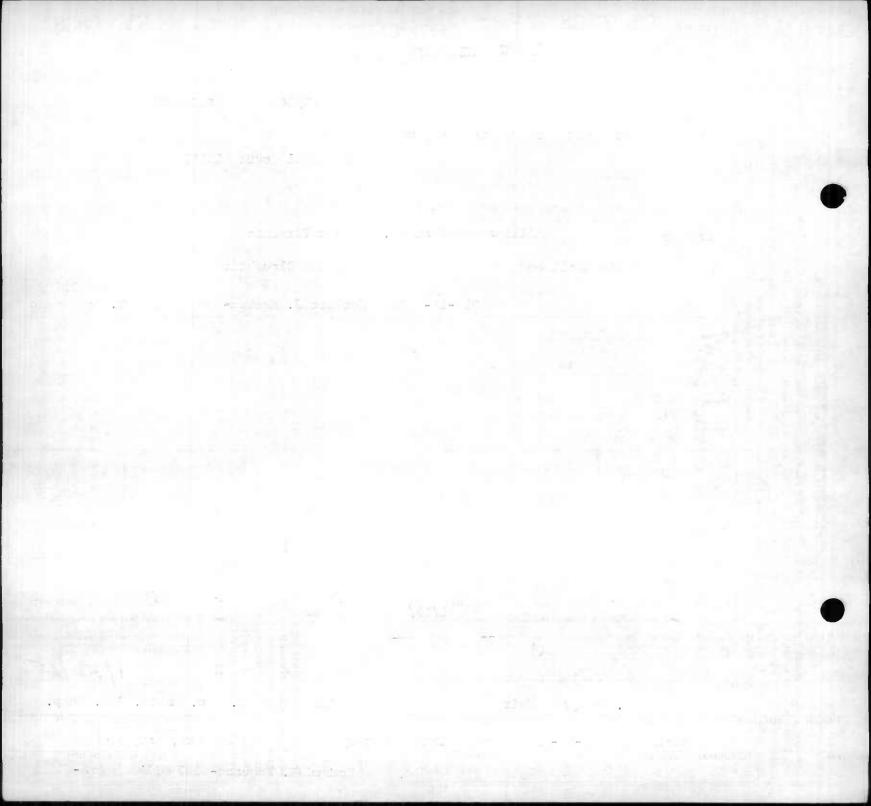
West Viguia	BALTIMORE CIT	Y HEALTH DEPARTMENT		DE DOOR
IRTH NO. 65 \$836.		ATE OF DEATH	Registered No	65 1836
Type or Print) GERMAINE	CCLLIS	1/22	HOUR OF DEATH	2:35 AN
FULL NAME OF (If not in haspital or in despital or oddress or location)	institution, give street	CTER RARDS	Berkeley L	W. VA. CODE 3
INSTITUTION Sources of Idealian		Gerrardsto  D. STREET ADDRESS (If ruro		RAL and give township)
BINAI HOSPITA				
FWN	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) NEVER MARRIED	A XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	DECKYPENEX 8	If Under 1 Yr. If Under 24 Hrs. Aanthsi Days Haurs Min.
OA, USUAL OCCUPATION (Give kind of work) 101 ane during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTR	VII. BRATHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHERS MAIDEN NAME		
FRANCISM. COLLI	5	Elizabeth Stew	vart	
5. Was Deceased Ever in U. S. Armed Farces Yes, no or unknawn) (If yes, give war or dates o		17. INFORMANT		ADDRESS
	NONE	Francis M. Coll	lis Gerra	rdstown, W. Va.
(This does not mean the made of dy heart failure, asthenia, etc. It means the injury or camplication which caused de ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if only rise to the above cause (A) structured to the condition of the conditions	NTRIBUTING COLOR  TO THE COLOR		18 MOS.  20B. IF YES, WERE FIN N CERTIFYING CAUSI  (If in Baltimare C	
22. I certify that (I) (this hospital) a			64 10 1/2	2 19 65
that (I) (we) last saw the deceased on ond hour and from the couses stated 23A, SIGNATURE	alive on 1/2 2	19 6 5 ond that	in(my) (our) opinio	on death accurred on the dat
Charellani 23C. PHYSICIAN'S	M.D. AI	tending Med. Sto ys. Director Phy 23D. ADDRESS	off [	Jan. 22/65
NAME (Type)	M.D			
AA. BURIAL CREMATION, REMOVAL (Specily) Buria1 1-24-196	24C.NAME of CEMETERY of C	REMATORY 24D. LOC.		town, or county) (State)
JAN 25 1965	B. NAME OF REGISTRAR Leab E. Farber M.A.	H. K. Brown	n	ADDRESS ourg, West Va.
'S 150-REV. 1/1/65				

general process of the contract of the contrac

	65	083	7	ı	BALTIMORE CIT	Y HEALT	H DEPAR	TMENT			65	5 0	837
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M.	E. CASE NO.	5931	9								No.		
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3. [	LACE IN BALT	TIMORE, MA	RYLAND, WI	HERE PRONOL	INCED DEAD					eceased lived.	If institution:	residence	before admission)
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	NAME (				ohn E. Ad	lams,	M.D.		les -				
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F	FULL NAME O	F (If not	in hospital a	or institution,	give street			land	Balti	more	
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		outh Ba	altimor	e Gene	ral Hospital	L	Lansd	owne			53-
						D. S	TREET ADDRE		rurol, give location	)	
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5. \$1	EX	6. RACE			D, DIVORCED (specify)		23/		9. AGE (In years lost birthday)	Mont	nder 1 Yr. If Und
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15. V	Wos Deceased	Ever in U. S.	Armed Ford	es?	1 6. SOCIAL	17. IN	FORMANT				ADDRESS 21
(Yes,	s, no or unknown	(If yes, give	wor or dote:	of service)	SECURITY NO. 218-18-6120			Vac	ron-800 c	ook o 1	Ct. Lansdo
	No					E OF DEA		. Kec	Ke11-000 2	ecker	INTERVAL BETY
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MEDICAL CERTIFICATION	DISEASES OF UNDERLYING  OTHER SIGNITO THE DISEASE OR 19A-DATE OF CONTRIBU DEATH (notify 21D. TIME OF THE	Plication white the condition of the con	T CAUSES ONS, if cause (A) N last.  DITIONS CONT RELA NOT	ONTRIBUTIN TED TO THE ONTRIBUTION FOR ORMED  21E Horr etc. (Hour) 21E Wh. W. Ottended 1 d olive on ed above.	GHE WHICH OPERATION  3. PLACE OF INJURY (e. n.e., form, foctory, street.)  4. INJURY OCCURRED hile At When the deceased from 1/23/  4. (We) (did) (4:4-4-4)  M.D.	White Vork  Attending Phys.	No bout 21C. WHE ldg., INJURY of 21F. HOW  1/9 19 65 The body ofte	PRE DID DCCUR?  / DID INJ  ond the deoth.	OF THE STATE OF TH	1/23 opinian d	give exoct locotion  1 leoth occurred of
MEDICAL CERTIFICATION	DISEASES OF THE SIGNITO THE DISEASE OR TO THE DI	Plication white the property of the property o	CAUSING IN INSERT ON INSER	death.)  any, giving stating the ONTRIBUTIN TED TO TH.  Control to the Control to	GHE WHICH OPERATION  B. PLACE OF INJURY (e. n.e., form, foctory, street.)  L. INJURY OCCURRED hile At Whith deceased from 1/23/  H) (We) (did) (4:4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4	White Vork  Attending Phys.  23 D. A	No bout 21C. WHE ldg., 21F. HOW  1/9 19 65 the body ofte  ADDRESS 1213 I	ond the corr	IN CERTIFYING  (If in Bolt  URY OCCUR?  9 65 ta  at in (	1/23 opinian d	give exoct locotion  leoth occurred of large signed  1/23/ Gen. Hos
MEDICAL CERTIFICATION	DISEASES OF THE SIGNITO THE DISEASE OR TO THE DI	Plication white the property of the property o	CAUSING IN ING.  DITIONS CONT RELA CAUSING IN ING.  DERLYING ON ING.  S. bospitol:  e deceose.  Duglas	death.)  any, giving stating the ONTRIBUTIN TED TO TH.  Control to the Control to	GHE WHICH OPERATION  3. PLACE OF INJURY (e. n.e., form, foctory, street.)  4. INJURY OCCURRED hile At When the deceased from 1/23/  4. (We) (did) (4:4-4-4)  M.D.	White Vork  Attending Phys.  23 D. A	No bout 21C. WHE ldg., 21F. HOW  1/9 19 65 the body ofte  ADDRESS 1213 I	ond the corr	OF THE STATE OF TH	1/23 opinian d	give exoct locotion  1 leoth occurred of
MEDICAL CERTIFICATION	DISEASES OF THE SIGNITO THE DISEASE OR TO THE DEATH (notify 21D. TIME OF THIS THE THE DEATH (we) ON CONTRIBUTED THE	Plication white the property of the property o	T CAUSES ONS, if cause (A) N last.  DITIONS CONT RELA NOT	ONTRIBUTING Stating the ONTRIBUTING TO THE CONTRIBUTION FOR ORMED 21E WWW. Word of the delivery of the control	G HE WHICH OPERATION  RPLACE OF INJURY (e. me, form, foctory, street).  INJURY OCCURRED hile At With deceased from 1/23/  H) (We) (did) (did)  M.D.  AME of CEMETERY or oudon Park Co	White Work  Attending Phys.  23D. A.A.D.  CREMATE	No bout 21C. WHE ldg., INJURY of 21F. HOW  1/9 19 65 the body ofte Dire ADDRESS 1213 I	ond the deoth.	IN CERTIFYING  (If in Bolt  URY OCCUR?  9 65 ta  at in (	1/23 opinian d 238. C Balto.	give exoct locotion  leoth occurred of leoth occurred of leoth occurred of leoth occurred on leoth occurred or leoth occ
MEDICAL CERTIFICATION	DISEASES OF THE SIGNITO THE DISEASE OF THE DISEASE	Plication white the process of the p	T CAUSES ONS, if cause (A) N last.  DITIONS CONT RELA NOT	ONTRIBUTING Stating the ONTRIBUTING TO THE CONTRIBUTION FOR ORMED 21E WWW. Word of the delivery of the control	GHE WHICH OPERATION  S. PLACE OF INJURY (e.me, form, foctory, street).  INJURY OCCURRED At W. At	White Work  Attending Phys.  23D. A.A.D.  CREMATE	No bout 21C. WHE ldg., INJURY of 21F. HOW  1/9 19 65 Che body ofte Dire ADDRESS 1213 I	ond the deoth.	IN CERTIFYING  (If in Bolt  URY OCCUR?  9 65 ta  pt in (our)  Stoff Phys. X  St. So.  DCATION  Baltimore	1/23 opinion d 238. C (City. tow	give exoct locotion  leoth occurred of leoth occurred of leoth occurred of leoth occurred on leoth occurred or leoth occ

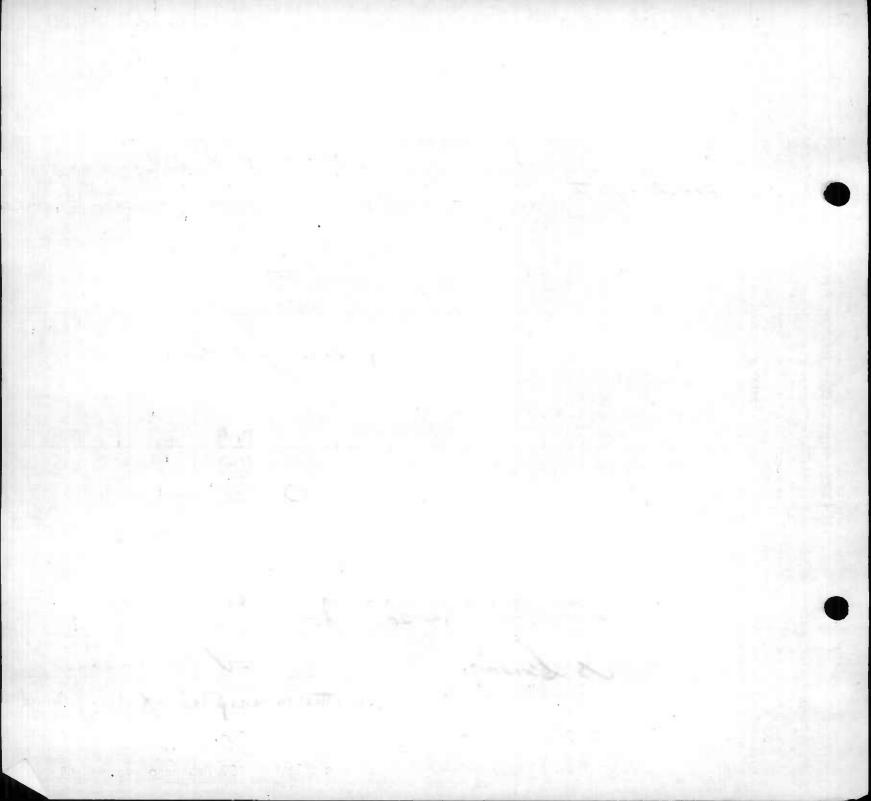


3. PLACE OF DEATH IN BALTIM	ELL, FRANC			Registered No	-UO-170GJ
Type or Print)  CAMPBE  3. PLACE OF DEATH IN BALTIM  THULL NAME OF THE COLUMN OF THE C	ORE, MARYLAND	IS S.			
TERLINANCATE (Indotine HOSPITAL OR oddress	and the same and the same			1-21-65	2:50A M
	hospital of institution, or location)	2-4-65 give sheet	MARYLAND	A.A.	stitution: residence before odmission)
ST. AC	GNES HOSPI	TAL		AIN ROAD	
MALE 6. RACE WHIT	TE MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost bighdy)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind done during most of working life, even Tavern Owner		BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
13. FATHEN LIMIAM			14. MOTHER'S MAIDEN N	AME	
15. Was Deceased Ever in U. S. A (Yes, no or unknown) (If yes, give w	Armed Forces? or or dotes of service)	16. SOCIAL SECURITY NO.	ST. AGNES	RECORDSCA	TON & WILKENS A
DISEASE OR CONDITION LEADING TO (This does not mean the heat failute, asthenia, etc. injury at camplication which ANTECEDENT DISEASES OR CONDITION rise to the above county.	DEATH mode of dying, e.g., It means the disease, n coused death,) CAUSES NS, if any, giving se (A) stating the	CAUSE O  (A) DUE TO  (B) DUE TO	iver Civ	rfoxis Donies	INTERVAL BETWEEN ONSET AND DEATH
UNDERLYING CONDITION  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT N DISEASE OR CONDITION CO	ITIONS CONTRIBUTIN OT RELATED TO TH AUSING IT.	E			
19A. DATE OF OPERATION	WAS PERFORMED	WHICH OPERATION	NO NO	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE DEATH (notify medical examin	E OF hon	e, lorm, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy (APPROX.)		INJURY OCCURRED  ile At	21 F. HOW DID II	NJURY OCCUR?	
22. I certify that (I) (this that (I) (we) last saw the and haur and fram the cau	deceased alive an	JANUARY 2		that fn(my) (our) apin	ANUARY 21 19 65  nian death occurred an the dote  23B. DATE SIGNED
23C.PHYSICIAN'S NAME (Type)	y. Uwain		AGNES  AGNES	HOSPITAL	1-21-65
24A. BURIAL CREMATION, 24B. REMOVAL (Specify) Burial 1/		ME of CEMETERY of CRI		A Co.	ty, town, or county) (State)
25A. DATE REC'D BY HEALTH DE		E Failey M.A	25C. FUNERAL DIRECTO	OR .	ADDRESS

E

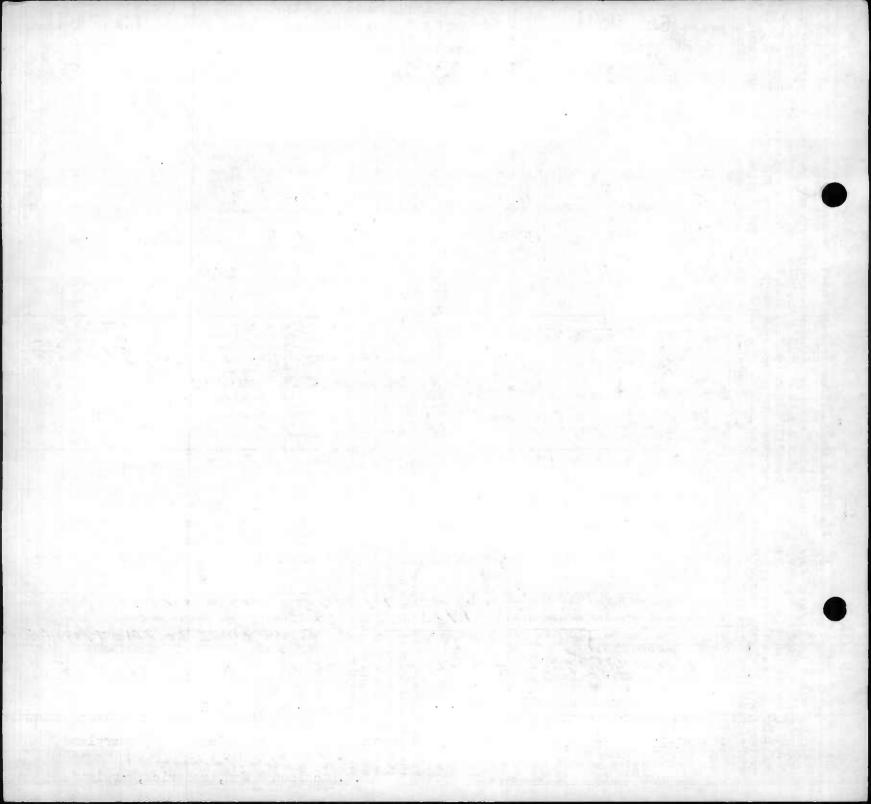
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

			BALTIMORE CITY	HEALTH DEPARTMENT		05 00 10
BIR	TH NO. 65 08	340	CERTIFICA	TE OF DEATH	Registered Na	-65 0840
1. N	E. CASE NO.				HOUR OF DEATH	н
	pe er Print) Sank		QE.	430	opm Ja	in 20165 M
3.	PLACE OF DEATH IN BALTIM	ORE, MARYLAND		4. USUAL RESIDENCE (Whe		institution: residence before admission)
	FULL NAME OF (If not in	n hespitel er institutio	n, give street	Me. A	NIVE AR	undel Co.
		er lecotien)	,			RURAL and give township)
	Lutherein Has	otal ox	Mary Pand	DO X 649	rurol, give lecation)	50-00
	Dumaton Aws		0	Soverna		nD.
5. 5	SEX 6. RACE	7. MARRI	ED, NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years	If Under 1 Yr If Under 24 Hrs.
1	Female whi	te WIDOV	VED, DIVORCED (specify)		lest birthdey	Month's Deys Hours Min.
	LUSUAL OCCUPATION Give		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF
don	ne during most of warking lile, even	if refired)		Md.		WHAT COUNTRY?
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
	John W			Mar		
	Wes Deceased Ever in U. S. s,no or unknown) (If yes, give v		1 6. SOCIAL	17. INFORMANT		ADDRESS
16	s, no or unknown (if yes, give v	ADL OL DEIGZ OL ZELAIC	SECURITY NO.	Family		Some
_	18. 4-0 0 V I		CAUSE O			Same INTERVAL BETWEEN
	DISEASE OR CONDI	TION DIRECTLY				ONSET AND DEATH
	LEADING TO		(A)	pulmonary	Felows	
	(This daes nat meon the heart failure, asthenia, etc.			Jan Ser		
	injury or complication which		56,			
	ANTECEDENT	CAUSES	(B)			2 24 27 28 28 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20
	DISEASES OR CONDITIO		ng			N I TO A LANGE BOY
	rise to the above co		he (C)		*********	••••
	11					
NO	OTHER SIGNIFICANT CONE					
ATION	TO THE DEATH BUT !	AUSING IT.				
ERTIFIC	19A DATE OF OPERATION	198. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY (Yes er Ne		E FINDINGS CONSIDERED AUSES OF DEATH?
CERT	21A. ACCIDENT WAS UND	BI VINC	218. PLACE OF INJURY (e.g., in	at about 21 C WHERE DID	(If in Boltim	ere City, give exact legation)
AL C	OR CONTRIBUTING CAUS	E OF	heme, form, fectery, street, elect.)	fice bldg., INJURY OCCUR?	(II III DEIIIII	ere City, give exact reconom
DICA				2) 5 11 5 11 5 11		
MED	OF INJURY		While At The Net While	21F. HOW DID INJ	URY OCCUR?	
	(APPROX.)		Werk Al Werk			
	22. I certify that (1) (this	hospital) attende	d the deceased fram		19 6 5 to	1965
	that (1) (we) last saw the	deceased alive a	n 20			plnian death accurred an the date
	and haur and fram the ca	uses stated above	. (1) (We) (did) (did nat) v	lew the bady after death.		
	23A. SIGNATURE					238. DATE SIGNED
	1/	5 Sera	M.D. Atte	ending Med. Director	Staff Phys.	1-20-65
	23C. PHYSICIAN'S NAME (Type)	_		23D. ADDRESS		
	SIROOS	GERAM	M.D.	Lutheran r	taspital	of Mory land
24/	A. BURIAL CREMATION, 248.	DATE 24C	NAME of CEMETERY OF CRI	EMATORY 24D. L	OCATION (	City, 10wn, er county) (Stete)
-	Burial 1	/23/65	Loudon Park		Balto.	U Md
25/	A. DATE REC'D BY HEALTH D	258. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
	JAN 25	1200 (15 Cor)	of E. Jankey H.A	McCully	237 Pata	osco Ave. 25
V/5	150-REV. 1/1/65					



## was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

05 6	0.44		BALTIMORE CITY	HEALTH DEPARTMEN	NT	00 00 44
BIKIH NO.	841		CERTIFICA	TE OF DEAT	H Registered No.	65_0841
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)	Rton,	Betto	alsoknown as	Steele	TE AND HOUR OF DEATH	5 1 2:40 A. N
	BALTIMORE, MARYE				(Where deceased lived. If COUNTY	institution: residence before admission
HOSPITAL OR 0	f not in hospital or in ddress or location);	1	1	C. CITY OR TOWN	(If outside city limits, write	RURAL and give township)
BON SECO	ours 110	Spira	./	D. STREET ADDRESS	(If rurol, give lacotion)	
(		A	JEVER ALABRIED	1012 11		eet
5. SEX 6. RACE		MIDOWED,	DIVORCED (specify)	October 25,1		If Under 1 Yr. If Under 24 Hrs Months Days Haurs Min.
10A, USUAL OCCUPATION dane during most of working li	· ·	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	ai fareign country)	12. CITIZEN OF WHAT COUNTRY?
House wit	e A	t Home		Illa Ry lan	d	U.S.A.
13. FATHER'S NAME	,			14. MOTHER'S MAIDE	NAME	
Steel, Co	WiN			VIRGIL	Smith	
15. Was Deceated Ever in (Yes, no, ar unknown) (If yes,			6. SOCIAL SECURITY NO.	17. INFORMANT	01	ADDRESS
No			None	Hamissi	ON Sheet	
18. 1946 X			CAUSE O	114.771		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR C	ONDITION DIREC	TLY				
	IG TO DEATH		(A)	1 Lemia	due to em	- 6 month
(This does not mean heart failure, asthenic			DUE TO	4	0 114	
injury or complication			Carc	noma o	& alonus	- 5 months
ANTECE	DENT CAUSES		(B)	************	····	
DISEASES OR COM	NDITIONS, if ony	, giving				
UNDERLYING CON		oling the	(C)			
GNDEREIING COIN	711014 1051.					
OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDIT	BUT NOT RELATED					
19A. DATE OF OPERAT			HICH OPERATION	20 A. AUTOPSY? (Yes	ar No. 208. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING DEATH (natify medical	CAUSE OF	218. F hame, etc.)	PLACE OF INJURY (e.g., in form, foctory, street, of	at about 21C. WHERE the fice bldg., INJURY OCC	OID (If in Baltima	are City, give exact lacotion)
21D. TIME (Month) OF INJURY (APPROX.)	(Day) (Year) (H	daur) 21 E. ( While Wark		e —	D INJURY OCCUR?	
22. I certify that (I)	(this hospital) a	ttended the	deceased from	1 14	1965 to 1	119 1965
				19 15	and that in (my) (out) or	Inian death occurred an the do
23A. SIGNATURE	ue conses stoted	000 ve. (1)	(we) (ala) (ala not) v	lew the body offer de	ooth. 877 2-0	0 AM 1/19/65
MOHAMM	ADTAGH.	r a	M TAD M.D. AH	nding Med.	Stoff Nan	A A A A A A A
100	myad	///		nding Med. s. Director	Staff Phys.	1/19/63
23C. PHYSICIAN'S NAME (Type)	0			23D. ADDRESS		
	ohammadtagl				rs Hospital	
24A. BURIAL CREMATION REMOVAL (Specify)	, 24B. DATE	24C. NA	ME of CEMETERY of CRE	MATORY	AD. LOCATION (	City, town, at county) (State)
Burial	Jan23,1969		int Olivet Cer		Frederick	Maryland
25A. DATE REC'D BY HEA	25 1965 (I	Do B	E Jarber M. N	25C. FUNERAL DIR	on & Don, Frede	Fick Maryland
VS 150-REV. 1/1/65	N	MININE TOWN		ALARA MUSICIANI	a pontinge	Tony - at y Land



22.

ACTUAL SIGNATURE.

EXAMINER'S NAME (Type)

23A. BURIAL CREMATION,

REMOVAL (Specify)

VS 151-REV. 1/1/65

I certify that I held an Inquiry

23B. DATE

W.U. Spitz, M.D.

Burial 1-26-1965 Baltimore Nat'l

24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR

JAN 25 1965 Robert E. Farky M.A.

resulted fram: Natural causes

BIRTH NO. 64	5 084	2 MEDICAL	BALTIMORE CITY HEA	LTH DEPARTMENT	DFATH Register	65 0842 G
M.E. CASE NO.		MEDICAL	EXAMINATIO C	EKTITICATE		
I. NAME OF DE	ECEASED			2. DATE AN	D HOUR PRONOUNCE	ED DEAD
(Type or Print)	RT	CHARD	TRAVERS		1/22	2/65   6:11 a M.
3. PLACE IN BAL			ONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If insti	tution: residence before admission)
				A. STATE	B. COU	1.72 4.22 4.4
FULL NAME OF	(IF NOT IN	OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside	e carparote limits, write	RURAL and give township)
NOITUTITZNI				Rosedale		53-00
				D. STREET ADDRESS (If rural,	give lacation)	
Jo	hns Hopk	ins Hosp.		500 Petoma	c Ave.	
5. SEX	6. RACE	7. MAR	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs.
male	white	WIDOV	VED, DIVORCED (specify)	10/9/64	lost birthday)	Months Doys Hours Min.
IOA. USUAL OCC	CUPATION (Give I	and of work 10B. KIN	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF
dane during mast al	f warking life, even	if retired)		Md.		WHAT COUNTRY?
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NAM	E	U.S.A.
		ward Trave	ers	Margaret K		
15. WAS DECEAS		ARMED FORCE		17. INFORMANT	raciorr	ADDRESS
Yes, na or unknaw		or or dates of ser				
No			None	Edward R. Brav	ers 500 Poto	mac Avenue 6
18.	211		CAUS	E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	ASE OR COND	TION DIRECTLY	Wate	rhouse-Friedrichs	ian	
(This does	LEADING TO	mode of dying,	/ / / /	Synd		
heart foilur	e, osthenio, etc.	It meons the disc	ease.	wynu.	Oldo	
	ANTECENDEN		(B)			
		DNS, IF ANY, GIV ISE (A) STATING				
	ING CONDITIO	N LAST,	(C)			
6			( )			
OTHER SIGN TO THE DISEASE OF THE DIS	II GNIFICANT CON	IDITIONS CONTRI	BUTING			
TO THE		NOT RELATED				
19A. DATE C			FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES. WERE FIN	NDINGS CONSIDERED
8		WAS PERFORMED		yes	IN CERTIFYING CAUS	
UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.		21B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	in ar about 21C, WHERE DID affice bldg., INJURY OCCUR?		ve exact lacation)
E 21D TIME	(Month) (Do	ay) (Yeor) (Hou	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)			WHILE AT   NOT	WHILE WORK		

Inspection Autopsy X

23C. NAME of CEMETERY of CREMATORY

Accident

Sul cl de

Hamleide \_\_\_

CHIEF MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER X

Cemetery Baltimore 24C. FUNERAL DIRECTOR

and that an this basis, death In my opinlan

23D. LOCATION

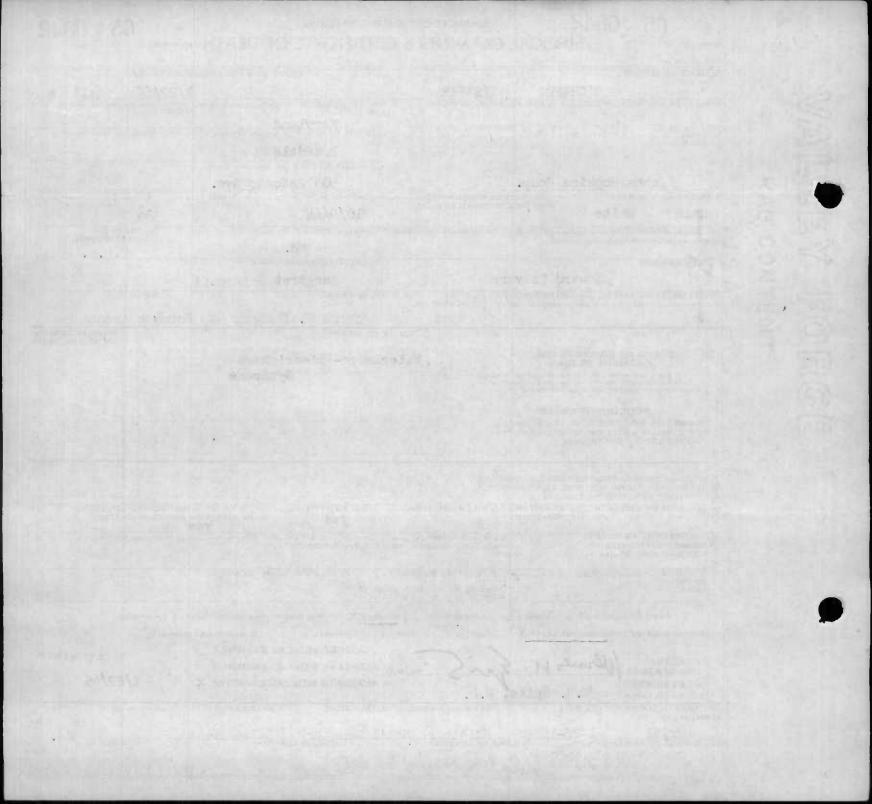
Undetermined manner

Lasach Frenco Home 740/ Bolan Road

DATE SIGNED

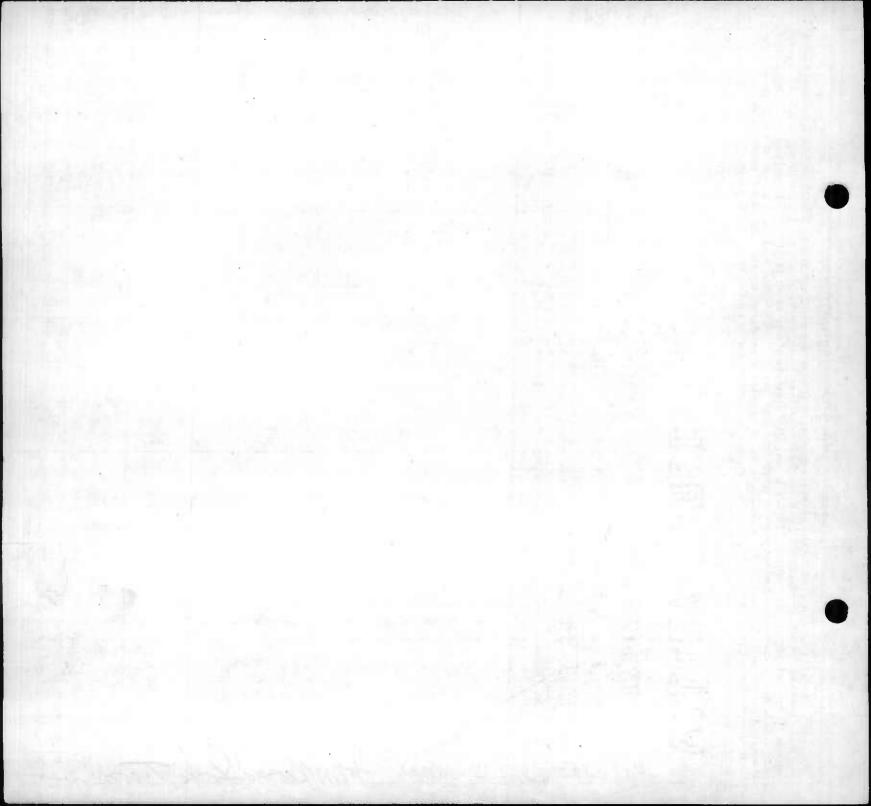
1/22/65

(City, tawn, ar county)



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	C5	0843		BALTIMORE CITY	HEALTH DEPARTMENT		65 0843	
	H NO.	00.10		CERTIFICA	TE OF DEATH	Registered No.	00 00.10	_
	AME OF DECE	ASED			X L	D HOUR OF DEATH		-
	e or Print)	> ARIJSIA	VANS (	COER	JANU	2000	65 1 C P	vi.
3. P	LACE OF DEAT	H IN BALTIMORE, MA			4. USUAL RESIDENCE (Where	e deceosed lived. If in	nstitution: residence before admission	)
	ULL NAME OF	(If not in hospital	or institution, g	ive street	ND.	BASTINO	R.E.	
- 1	OSPITAL OR	oddress or location			C. CITY OR TOWN (If outs	side city limits, write		
			11		D. STREET ADDRESS (III	urol, give location)	33-00	
	NWON	MEMBITS	14 038	17471		DIOS BIVE TOCOTION	18/1/6	
5. S	EX	S. RACE		NEVER MARRIED		AGE (In years	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.	
	5	W		RIFD	10/51/00	ost birthdoyl	Months Doys Hours Min.	
			10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF	
don	during most of w	orking life, even if retired)	X	1/X/Own Home	BASTIMORE	MO.	V.S.A.	
13.	FATHER'S NAM	1 /			14. MOTHER'S MAIDEN NAM			_
	ROBER	+ LOUIS	KVANS		AFTSAM	INES /	NIZZIAMS	
15. Y	Wos Deceosed	Ever in U. S. Armed For (If yes, give wor or dote	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	NO	NIA	0, 00,1100,	NIA	Fred O.S	QM LITIM	V won MENGRIALAGE	
	18. 195	. 7 1	3.15	CAUSE	DE DEATH		INTERVAL BETWEEN ONSET AND DEATH	_
		OR CONDITION DIE	RECTLY	210	Prose	20011200		
		EADING TO DEATH	dvina. e.a	(A) ME	ASTOTIC PARAG	MACTION	/ / / / / / / .	
	hearl failure, a	sthenia, etc. It means	the diseose,					
		NTECEDENT CAUSES	deom./	(B)				
		CONDITIONS, if	anu sivina	DUE TO				
	rise to the	above cause (A)		(C)		***************************************		000
	UNDERLYING	CONDITION last.						_
z	OTHER SIGNIE	II ICANT CONDITIONS C	ONTRIBUTING					
ATIO	TO THE DE	ATH BUT NOT RELA	TED TO THE					
CERTIFICATION	19A. DATE OF	OPERATION 198 CON		VHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED	
ERT	ON(A		1	012	NO		4114	
	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	hom etc.)	e, form, foctory, street, o	office bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact tocotion)	
DICAL		10	0	NI	A NOW DID IN	IN OCCUPA		_
ME	OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED  le At  Not Whi	NA 21F. HOW DID INJU	DRY OCCUR!		
	(APPROX.)	NIA	Wor	k				_
		hat (1) (this hospital		10 00C00360 110III		9CU 10 JA		
				JANNARY ?		it in (my) (aur) ap	inian death accurred on the do	te
	23A-HGNATUR		ted abave. (I	(We) (did) (did not)	view the body after death.		23B, DATE SIGNED	_
	23a-biolival of	11.1	1:0	M.D. AL	lending Med.	Stoff	JANUARY 20,1960	
	23C.PHYSICIAN	of our of	· 21M	BA Ph	23D. ADDRESS	Phys.	2 Months 50 140	-
	NAME (Ty			M.D.				
24/	BURIAL CREM	AATION, 24B. DATE	24C. NA	ME of CEMETERY or CI	REMATORY 124D. LC	CATION (C	City, town, or county) (Stotel	_
0	REMOVAL (S	pecify)	1045			, , , , ,	A1 / /	
	A. DATE REC'D	yan. 23	258. NAME C	lessops (emet	25¢. FYNERAL DIRECTOR	ckeysystle,	Maryland Address n	_
		AN 25 1965	12.0 F	E. FabruMA	John Burn	10 Xm	Toron nel	
VS	150-REV. 1/1/6		ARCIGIA.	_,,	J. HIJAVIN	TO THE	HONDON, MAN	=



#### (4) Undetermined cause; death Was IMPORTANT assistant death kind; any pronounced of fracture DIRECTOR: who physician medical dical burns; FUNERAL chief (2) Body 0 the where hospital nature; (except to the of any

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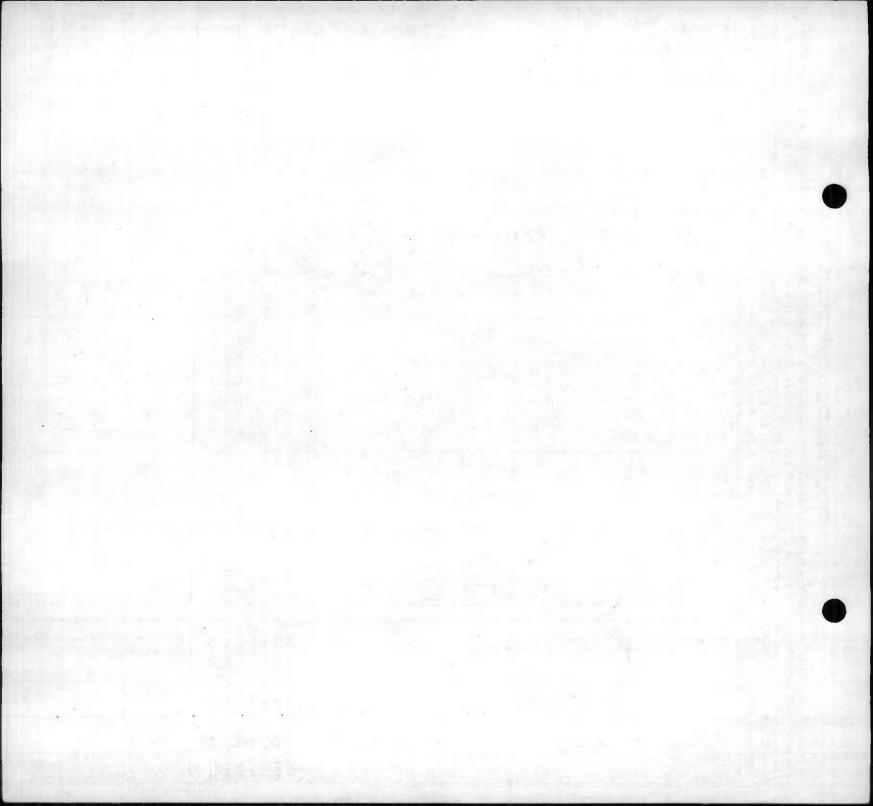
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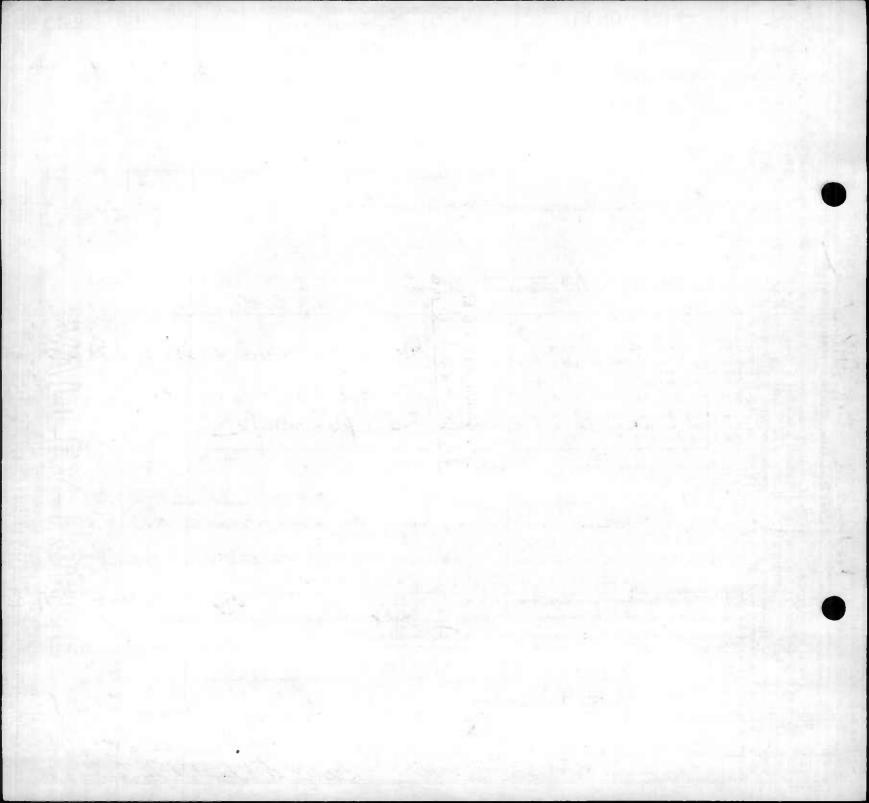
BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. CERTIFICATE OF DEATH Registered Na. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) :40 USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN B. COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddiess or location) Ilf outside city limits, write RURAL and give township D. STREET ADDRESS rural, give location) 5. SEX 7. MARRIED, NEVER MARRIED 6. RACE 9. AGE IIn years If Under 24 His. B. DATE OF BIRTH If Under 1 Yr. WIDOWED, DIVORCED Ispecify! lost birthday Months Doys 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign cauntry) 12. CITIZEN OF WHAT COUNTRY? done during most of working file, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME 75. Was Deceased Ever in U. S. Armed Forces?
(Vas, no or unknown) (II yes, give wor or dates of service) 17. INFORMANT ADDRESS 16. SOCIAL SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the diseose, injury ar camplication which coused death. ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES. WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? ū 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY le.g., in or obout 21C. WHERE DID home, form, loctory, street, office bidg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF . DEATH Inotily medical examiner EDI 21 D. TIME (Month) (Doy) (Year) (Hous) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that XX (this hospital) attended the deceased from JANKARY 18. 19 65 to 3 ANUARY that W (we) last saw the deceased alive an 177 NUARY 15, 1965 and that in (av) (aur) aplaian death accurred an the date and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED M.D. Attending Phys. Med. Stoff Director \_ Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS COLEN HEINRITZ. M.D. South Balto. Gen. Hosp. 1213 Light 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION (City, town, or county) REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

ntamer



VS 150-REV. 1/1/65

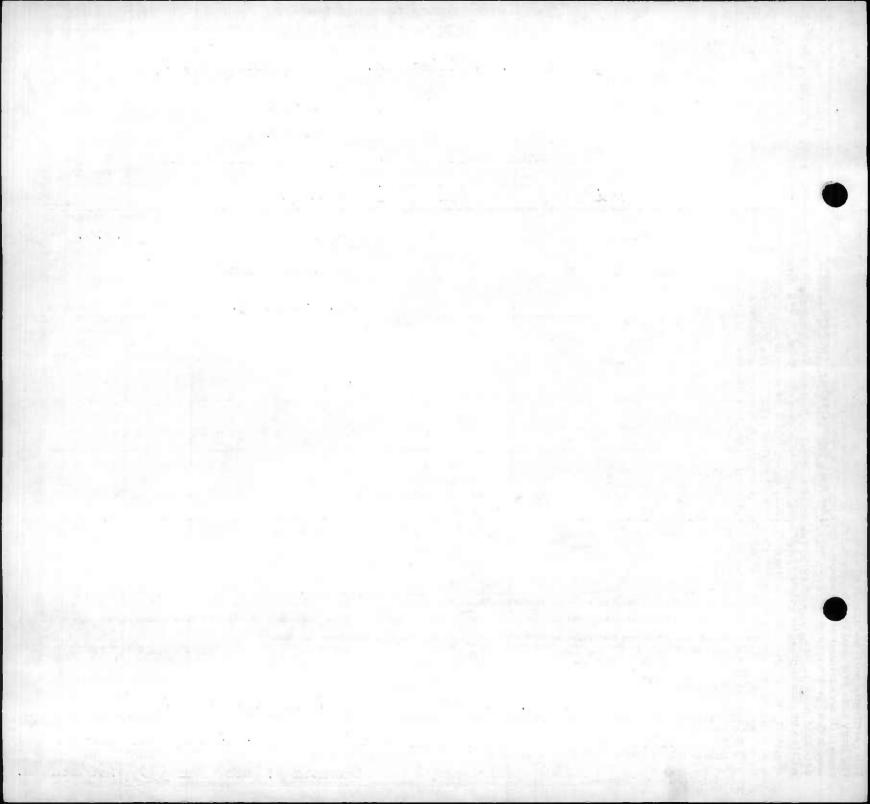
BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Jan. 3. PLACE OF DEATH IN BALTIMORE 4. USUAL RESIDENCE (Where deceased aved. institution: residence B. COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or lacation) C. CITY OR TOWN (If outside city limits, write RURAL INSTITUTION 634 W. LaFaye He AUE Losove (If rurol, give location) D. STREET ADDRESS 6. RACE 7. MARRIED, NEVER MARRIED S. SEX OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours : Min. WIDOWED, DIVORCED (specify) lost birthdoy) Hours Negro Marrieo 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIA 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURUS NO. 8 INTERVAL BETWEEN CAUSE OF DEATH 18. PROVED ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., 0 heart failure, astheria, etc. It means the disease, V injury ar complication which caused death.) BU E ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (II in Boltimore City, give exact tocation) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) etc. MEDI (Month) (Doy) (Year) 21 D. TIME (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (I) (this haspital) attended the deceased from that (1)((we) last saw the deceased alive an. .19. 0) and that in (my) (aur) opinion death accurred on the date and haur ond from the causes stated above. (1) (We) ((did))(did not) view the body after death. 23A. SIGNATURI 23 B. DATE SIGNED Attending Phys. Med. M.D. Stoff Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Garfield Kington M.D. 24A. BURIAL CREMATION, 24B. 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) 258. NAME OF REGISTRAL 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMORE CITY	HEALTH DEPARTMENT		
	н но. 65 0846	CERTIFICA	TE OF DEATH	Registered No	65 0846
1. N	CASE NO.  AME OF DECEASED  or Print)			D HOUR OF DEATH	0.30
	LACE OF DEATH IN BALTIMORE MARYLAND	avis	14. USUAL RESIDENCE (When		165 PN
	tact of brain in partitions, making		A. STATE B. CDUN		2 7 10 (
H	ULL NAME OF (If not in hospital or institution)  OSPITAL DR address or location)	ution, give street	C. CITY OR TOWN (II out		URAL and give township)
- 14	NSTITUTION	• 1	RAltimo		1 I
	Union Memorial H	ospital		rural, give location)	0.4
			100001.0	1000	rd
5. S	EX 10 6. RACE 7. MAI	RRIED, NEVER MARRIED (Specify)  MACRIED		9. AGE (In years lost birthday)	Months Doys If Under 24 Hrs.
	USUAL OCCUPATION (Give kind of work 10 B, KIN		11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
		s d'Electrie Co.	BALTO.,MD.		15
	TATHERS NAME		14. MOTHER'S MAIDEN NAM	A E	
	HARRY DAVIS		CARRIE WILS	SON	
15. \ (Yes	Vas Deceased Ever in U. S. Armed Forces? ,no or unknown) (III yes, give war or dates of ser	vice) 1 6. SOCIAL	17. INFORMANT		ADDRESS
			Mrg. Elda C. Ha	artley	SAMI
	18. 420, 11	CAUSE O	F DEATH	1 1	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1	Mustra Milio &	when to	24/40
	(This does not mean the made of dying,		representate ()	igeas or	2 7 0 - 5
	heart failure, asthenia, etc. It means the dis injury or camplication which caused death.)				
	ANTECEDENT CAUSES	DUE TO			
	DISEASES OR CONDITIONS, if any,	giving	elle UN	enter	1 1000
	rise to the above cause (A) stating UNDERLYING CONDITION last,	The (C)		3-7-	2 000 0 mb
	II III				
ION	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO				
CAI	DISEASE DR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES. WERE F	INDINGS CONSIDERED
ERTIFICATION	WAS PERFORMED		YES	IN CERTIFYING CAU	JSES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, loctory, street, o	n or obout 21 C. WHERE DID	(If in Baltimare	City, give exact lacotion)
CAL	DEATH (notify medical examiner)	etc.)	ince sings, insort occor.		
EDI	21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2	(APPRDX)	While At Not While Work At Work			
	22. I certify that (I) (this hospital) atten	ded the deceased from	-24	1965 to 1	- 24-65 19
	that (I) (we) last saw the deceased alive	1-711-1-	5 19 and the	at in (my) (aur) apir	nian death accurred an the dat
	ond haur ond fram the causes stoted abo	ve. (I) (We) (did) (did nat)	riew the bady after death.		
	23A. SIGNATURE	1			23B, DATE SIGNED
	Jeaners X. Co	mary M.D. Att.	ending Med. Director	Phys.	1-24-65
	PRANCIS X. CARMOD		UNION M	EMORIAL	HOSPITAL
24A	BURIAL CREMATION, 248. DATE 2 REMOVAL (Specify)	4C. NAME of CEMETERY OF CR	EMATORY 24D. LO	OCATION (Cit	ly, town, or county) (State)
	BURIAL 1/28/65	DULANEY VALLEY	MEMORTAL BAL	TIMORE, MD.	
25A		AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	JAN 20 1300 (12)	real E. Jankey Mill	LEONARD J.	RUCK, INC. BA	LITO, MD.
VS	50-REV. 1/1/65		, , ( )		

	BALTIMORE CIT	HEALTH DEPARTMENT		65 0847
SIRTH NO. 65 0847	CERTIFICA	TE OF DEATH	Registered Na	
M.E. CASE NO.  1. NAME OF DECEASED  Type or Print)  Ernest A. Ph	ilipp S		nour of DEATH	19651 6:30A.
B. PLACE OF DEATH IN BALTIMORE, MARYLAND			e deceased lived. If	institution: residence before admission
FULL NAME OF (If not in hospital or institution, give stre	eet	Maryland	2	106
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If out		RURAL and give township)
		Baltimore Bost Address (If	eural, give location)	
2922 Bayonne Avenu	ue	2922 Bayo		ie
5. SEX 6. RACE 7. MARRIED, NEVER WIDOWED, DIVO	MARRIED PRCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
INA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSIN	ESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working lile, even if retired)  Retired		Manuland		U.S.A.
3. FATHER'S NAME		Maryland 14. MOTHERS MAIDEN NAM	A E	01,00011
Henry Philipp		Catherine	Lentz	
5. Was Deceased Ever in U. S. Armed Forces? 16. SO	CIAL	17. INFORMANT	Leinz	ADDRESS
	CURITY NO.	Mrs. Amanda	E. Phile	
18. 16.3 X I	CAUSE	DE DEATH	<u> </u>	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	6	Ff Vi.	, /	ONSET AND DEATH
LEADING TO DEATH	(A)	a of lun	9	0/07
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. 11 means the disease,	DUE TO		1	
injury or complication which coused death.)				
ANTECEDENT CAUSES	DUE TO		a === a a a === a a a a a a == == = a	
DISEASES OF CONDITIONS II and -init-				
DISEASES OR CONDITIONS, if ony, giving	(C)			
rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	(C)		000000000000000000000000000000000000000	
rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	(C)			
TISE TO THE OBOVE COUSE (A) STORING THE UNDERLYING CONDITION TO STORING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		20A. AUTOPSY? (Yes or No	208. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED  21A, ACCIDENT WAS UNDERLYING 21B, PLACE	OPERATION:	n or obout 21 C. WHERE DID	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED  21A, ACCIDENT WAS UNDERLYING 21B, PLACE	OPERATION:	no	IN CERTIFYING C	AUSES OF DEATH?
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TISE TO THE OBOVE COUSE (A) STORING THE UNDERLYING CONDITION TO STATE OF THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY (APPROV.)	OPERATIONS OF INJURY (c. of, foctory, street, or	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Maliimo	AUSES OF DEATH?
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TISE TO THE OBOVE COUSE (A) STORING THE UNDERLYING CONDITION TO STATE OF THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY (APPROV.)	OPERATIONS OF INJURY (c. of, foctory, street) of Not Whith At Work	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Maliimo	AUSES OF DEATH?  ore City, give exact locohon)
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TISE to the obove couse (A) stoling the UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exomined)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJUR While AI Work  222. I certify that (I) (this hospital) ottended the decent	OPERATIONS OF INJURY (c.s.), foctory, street, or OCCURRED Not Whith At Work eosed from	in or obout 21C. WHERE DID  Iffice bldg., INJURY OCCUR?  21F. HOW DID INJ	URY OCCUR?	AUSES OF DEATH?  DIE City, give exoct locotion)
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TISE to the obove couse (A) stoling the UNDERLYING CONDITION lost.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.    19A. DATE OF OPERATION   19B. CONDITION FOR WHICH WAS PERFORMED   21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (notify medical examined)   21B. PLACE home, form, etc., or indicate the couse of that (I) (we) lost sow the deceased olive an ond hour and from the couses stated above. (I) (We)   23A. SIGNATURE   23C. PHYSICIAN'S	OPERATION OF INJURY (c.d.), foctory, street, of foctory, street, of the control o	21F. HOW DID INJ le	URY OCCUR?  9to	Dinion death occurred on the case DATE SIGNED
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TISE to the obove couse (A) stoling the UNDERLYING CONDITION lost.    1	OPERATION  OF INJURY (e.g., foctory, street)  OF OCCURRED  Not Whith At Work  eossed from  (did) (dld nat)  M.D. Att  Physical Acceptance of CR  CEMETERY of CR  CLand Me	in or obout 21 C. WHERE DID  iffice bldg., INJURY OCCUR?  21F. HOW DID INJ  19 ond the  view the body after death.  23D. ADDRESS  4331 Harfo  EMATORY  24D. LO  25C. FINERAL DIRECTOR	OCATION  OF THE CONTROLL OF TH	pre City, give exoct locotion)  238. DATE SIGNED  238. DATE SIGNED  (Stote Maryland
TISE to the obove couse (A) stoling the UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exomined)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY (APPROX.)  22. I certify that (I) (this hospital) attended the decent that (I) (we) lost sow the deceased olive an ond hour and from the couses stated above. (I) (We)  23A. SIGNATURE  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of REMOVAL (Specily)  Burial  12B. PLACE home, form, etc.)  While AI Work  While AI Work  Work  23A. SIGNATURE  24C. NAME of REMOVAL (Specily)  Burial  1-28-65  More	OPERATION  OF INJURY (e.g., foctory, street)  OF OCCURRED  Not Whith At Work  eossed from  (did) (dld nat)  M.D. Att  Physical Acceptance of CR  CEMETERY of CR  CLand Me	in or obout 21 C. WHERE DID  iffice bldg., INJURY OCCUR?  21F. HOW DID INJ  19 ond the  view the body after death.  23D. ADDRESS  4331 Harfo  EMATORY  24D. LO  25C. FINERAL DIRECTOR	OCATION  OF THE CONTROLL OF TH	23B. DATE SIGNED  23B. DATE SIGNED  (Stote Maryland



#### IMPORTANT FUNERAL DIRECTOR:

(4) Undetermined cause; (5) Cause atten prior contributing regular made deceased disposition = Was the eath no final attendance any pronounced 0 Also, of embalmed fracture regula who are 4 3 Gu the remains the chief medical Was burns; physician Body the 0 to the hospital by before 3 ere °N any nature; ¥ ¥ obtained 9 (except and ath) of hospital the body was released shows: (1) An accident 0 O 9 approval 0 prior to D.O.A. eceased Was

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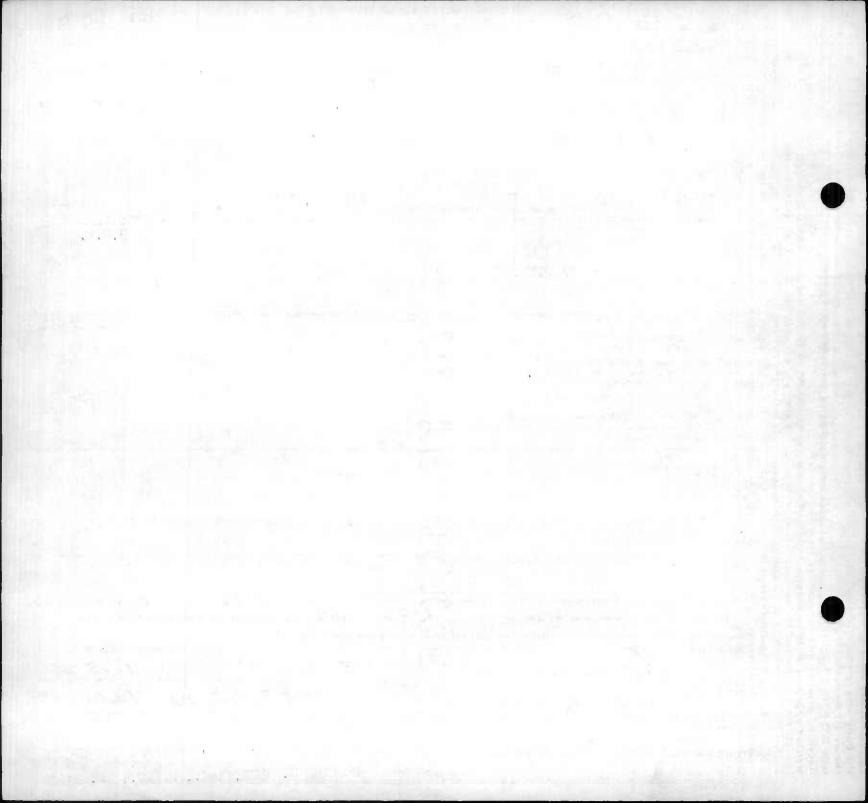
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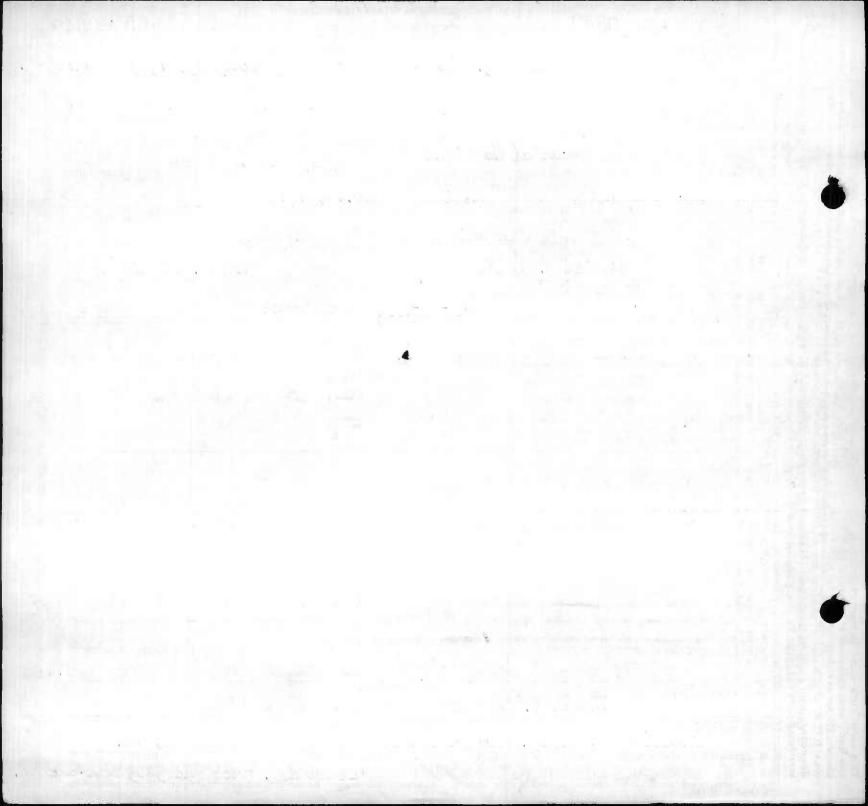
ance

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) ANNA(Annie) A

3. PLACE OF DEATH IN BALTIMORE, MARYLAND ABROMITES JANUARY 24, 1965 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTO. 2845 LAKE AVENUE D. STREET ADDRESS (If rural, give location) 2845 LAKE AVENUE 5. SEX 7. MARRIED, NEVER MARRIED 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. If Under 1 Yr. WIDOWED, DIVORCED (specify) lost birthdoy Months! Doys Hours WHITE FEMALE WIDOWED JULY 26, 1875 89
11. BIRTHPLACE (Stote or foreign country) 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most al working lile, even if retired) U.S.A LITHUANIA HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MATULEWICZ UNKNOWN 15. Was Deceased Ever in U. S. Armed Forces? 7. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (II yes, give wor or dates al service) SECURITY NO. MISS MAMIE ABROMITES SAME CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Hypertenune CV. D LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obave cause (A) stoling the UNDERLYING CONDITION last. П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? (II in Boltimore City, give exact location) MEDICAL DEATH (notily medical examiner) (Month) (Doy) (Yeor) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While [ (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram -23 that (1) (we) last saw the deceased alive an... and that in(my) (aur) apinion death occurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATUR 23 B. DATE SIGNED Attending Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 3105 Belain Hd 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) 1/28/65 HOLY REDEEMER CEMETERY
HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUT BALTIMORE, MARYLAND 25C. FUNERAL DIRECTOR LEONARD J. RUCK, INC., BALTO., MD. 21214 VS 150-REV. 1/1/65

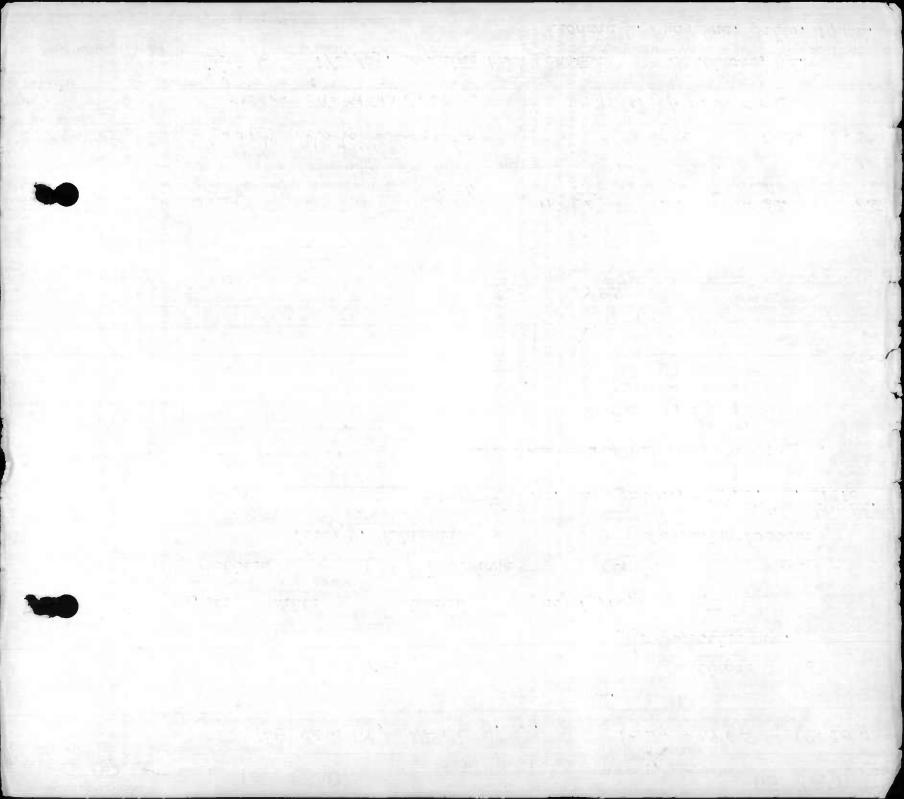


VS 150-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

CE 0050	BALTIMORE CITY	HEALTH DEPARTMENT		6.5	0.850
BIRTH NO. DO GOOD	CERTIFICA	TE OF DEATH	Registered No.	00	0000
M.E. CASE NO.  1. NAME OF DECEASED	- 0.		D HOUR OF DEATH		
(Type or Print) HEINEMAN K	ARL 2. S	1-2	24-196	5 1	10:20 A.M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	0.00	4. USUAL RESIDENCE (When		stitution; reside	ence before odmission)
The state of the s	en constant	Md.			Balte
FULL NAME OF (If not in hospital or institution, g HOSPITAL OR oddress or location)	ive street		side city limits, write	RURAL ond giv	re township)
MERCY HOSPITAL			Baltimor		53-00
MERCY HOSPIANC		D. STREET ADDRESS (If r	ural, give location)		
		502	Katherine	Ave.	
	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 1	r. If Under 24 Hrs.
	LOWED (specify)	July 13, 1892	72	7410111113	1
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF		11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN	
done during most of working life, even if refired)	T. //	M/		WHAT	COUNTRY?
Retured ( G P	Telephone	14. MOTHER'S MAIDEN NAM	AF		13/1
			ilhelmina	Pach 1	h h
Henry J. Heine			chemina	roence	90
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	2//2//	Univer	DRESS PI
No	SECURITY NO.587	Irs. Mary Bal	tus, Bala	to. Md.	21218
18. / e - 7 × 1	CAUSE OF	DEATH	, , , ,	INIE	KANT RELAKEL
DISEASE OR CONDITION DIRECTLY			1 +0.		SET AND DEATH
LEADING TO DEATH	(A) C	arcinoma o	the hou	creas	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease,	DUE TO		1		
injury or camplication which caused death.)		inth widesp	and wi	tantone	2
ANTECEDENT CAUSES	(B)	min weday	read me	77,002	~
DISEASES OR CONDITIONS, if ony, giving					
rise to the obave cause (A) sloting the UNDERLYING CONDITION last.	(C)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		touitis -			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	pen	www.			
	HICH OPERATION	20 A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE	FINDINGS CO	NSIDERED
198. CONDITION FOR WAS PERFORMED		YES	CERTITING CA	OJEJ OF DEA	
OR CONTRIBUTING CAUSE OF	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore	City, give ex	oct location!
DEATH (notily medical examiner)					
Ω 21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
OF INJURY (APPROX.) While Work	e At Not While				
		11-28 1	964 to 1	- 7/1	19.65
22. I certify that (I) (this haspital) attended th	1-24-	p ;			
that (I) (we) lost saw the deceased alive on			ot in (my) (our) opi	nion deoth o	ccurred on the dot
ond hour ond from the couses stoted obove. (1)	(We) (did) ( <del>did not)</del> v	iew the body ofter death.		1	
23A. SIGNATURE	0	edina - A4-4	Should should	23B. DATE SI	
Joseph Moranon	pelo M.D. Atte		Stoff Phys.	1-66	4-1865
23 CAPHYSICIAN'S NAME (Type)		3D. ADDRESS	11 - 0	1	
JOSEPH NOTARANGE	ELO M.D.	MERCY	HOSPI-	TAL	
	ME of CEMETERY or CRE	MATORY 24D. LO	CATION (Ci	ly, town, or co	unty) (Stote)
REMOVAL (Specify)	rraine Park	Comotonii	Baltima	no. Md	
2SA. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF	F REGISTRAR	(emetery) 25C. FUNERAL DIRECTOR	Duverno	1.10	ADDRESS
	E. Farbustia	Cemetery  2SC. FUNERAL DIRECTOR  Leonard 9.	Ruch and	Balto	. 14 Md.
VS 150-REV. 1/1/65		Leonard J.	TOUCH STEEL	2000	777



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BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2, DATE AND HOUR OF DEATH (Type or Print) Thomas D. Whiting January 23, 1965 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, fl institution; residence before admission) FULL NAME OF HOSPITAL OR INSTITUTION Maryland (If not in hospital or institution, give street address or lacation C. CITY OR TOWN (If outside city limits, write RURAL and give Baltimore City Hosptials Baltimore 4940 Eastern Avenue D. STREET ADDRESS (If rurol, give location) 3502 White Avenue #21214 Baltimore, Maryland 21224 is mad 5. SEX 7. MARRIED, NEVER MARRIED If Under 1 Yr. Months: Doys 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. Hours Min. WIDOWED, DIVORCED (specify)
Widowed Hours 11-8-75 Male 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Marshand New Jersey U. S. A. Accountant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louise Deacon 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 215-14-7849 RECORES: BCH: 4940 Eastern Avenue #21224 110 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Myocardial Infarction LEADING TO DEATH Few Hours (This does not mean the made of dying, e.g., DUE TO heall failure, asthenia, etc. Il means the disease. injury at camplication which caused death.) Arteriosclerotic Heart Disease 20 + Years ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Diabetes Mellitus TO THE DEATH BUT NOT RELATED TO THE 5 + Years DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 1es 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examined 21 D. TIME 21E INJURY OCCURRED (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work December 17. January 23, 22. I certify that (1) (this hospital) attended the deceased from \_\_\_\_ January 23. 19 65 that (1) (we) last saw the deceased alive on ... and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED M.D. Attending Med. Stoff January 23, 1965 Phys. Director Phys. L 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type)

Dr.Richard Lane 4940 Eastern Avenue #21224

24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)

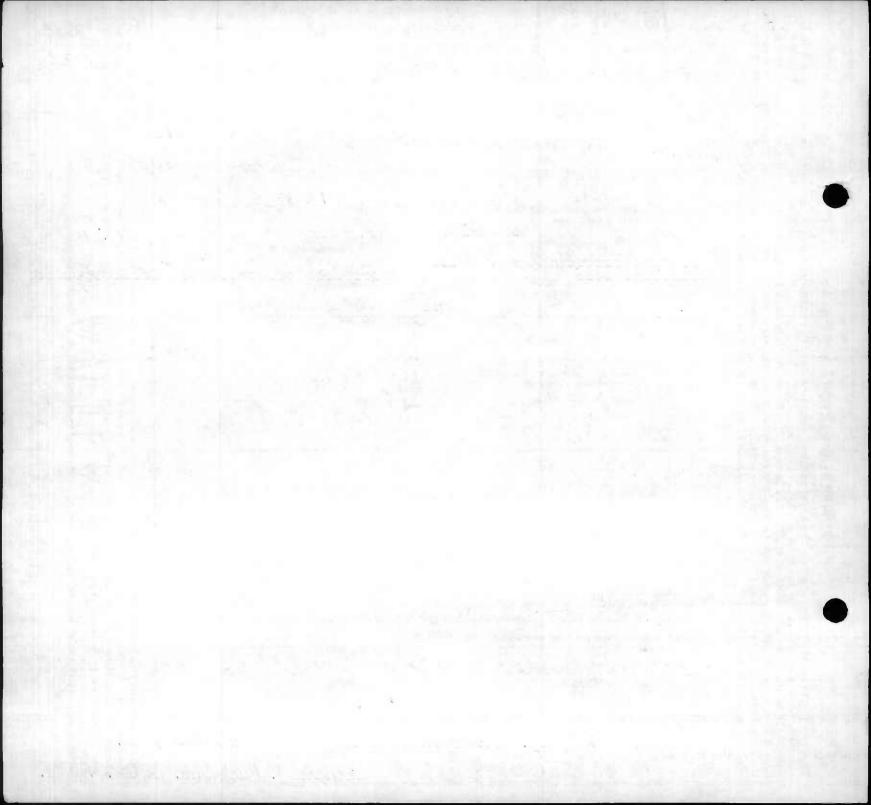
Baltimore, Md. Woodlawn (emetery

25C. FUNERAL DIRECTOR eonard J. Ruck Inc. Balto. 14,

24A. BURIAL CREMATION, 24B. DATE

REMOVAL (Specify)

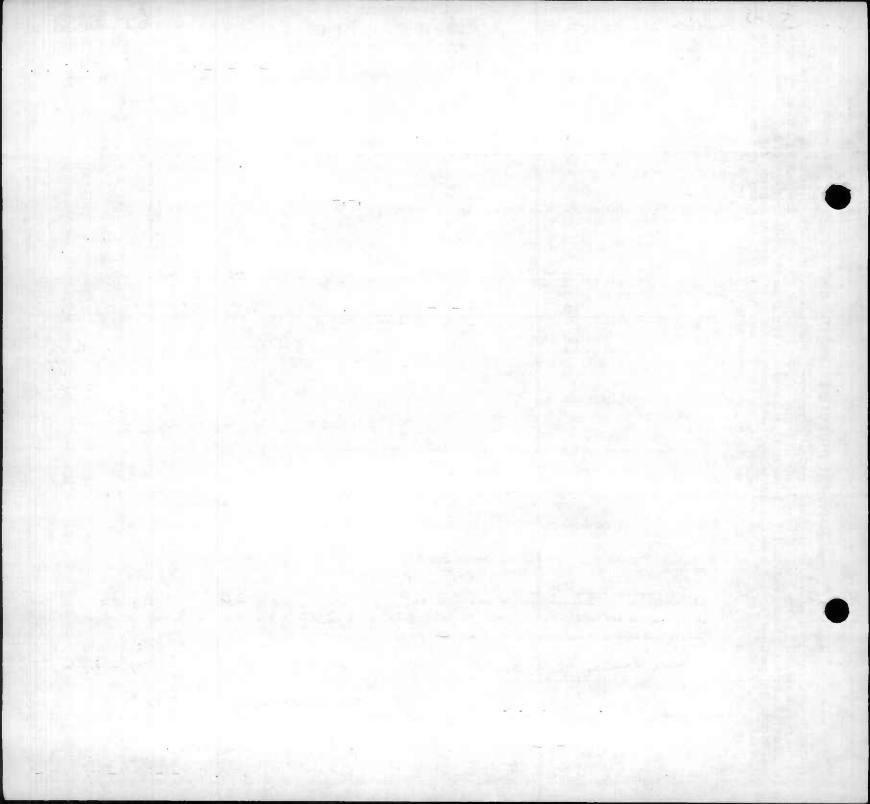
Letter from B.C.H. 1-28-65 M.H.



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disnocition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	BALTIMORE CIT	Y HEALTH DEPARTMENT		05
IRTH NO. 65 0050	CERTIFICA	TE OF DEATH	Registered No	. 65 0853
NAME OF DECEASED			ND HOUR OF DEAT	H
Type or Print)	WONG (-2 DED DY			
PLACE OF DEATH IN BALTIMORE, M.	WONG (also DER BI	14. USUAL RESIDENCE (Wh	-Jan-20-1961	institution; residence before admission
		A. STATE B. COU	NTY	
	or institution, give streat	Maryland	Paltimore	
HOSPITAL OR oddross or location		C. CITY OR TOWN (If o	utsido city limits, write	e RURAL ond give township)
The Pines, 3	2525 Belvedere Av. (1			21-17
		D. STREET ADDRESS	f rurol, give location)	
		5510 Mannoka	Ave. (21215)	)
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In yours lost birthday)	If Under 1 Yr. If Under 24 He Months: Days Hours Min.
Male CHINESE	Married	1890	714	
A. USUAL OCCUPATION (Give kind of wo	ork 108, KIND OF BUSINESS OR INDUSTR		reign country)	12. CITIZEN OF
one during most of working life, even if retired)		0.2		WHAT COUNTRY?
retired	restaurant	China		U.S.
FATHERS NAME		14. MOTHERS MAIDEN NA	AME	
could not ascer	rtain	could not a	contein	
5. Was Deceased Ever in U. S. Armed Fo	orces? 16. SOCIAL	17. INFORMANT	SCELL DOILL	ADDRESS
es, no or unknown) (It yes, give wer or de	security No.	To a Door Occasion	FEOO D.	- t 1
no no	7 2 7		7, bhus 491!	sterstown Road, (19
18. 260 X I	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION D		Parkage /s	Lan onsha	en Idai
LEADING TO DEATH	1	ANDIUL I		- I OUAL
(This does not many the made a	(A)		7	
(This does not mean the mode of heart foilure, osthenio, etc. It meon	of dying, e.g., DUE TO			
	of dying, e.g., DUE TO	ma alia ool	Onterio- Se	Le 4400
heart foilure, osthenio, etc. It meon	of dying, e.g., DUE TO as the disease, ad death.)  (B)	nvolizad	Ortenio- Se	Lerons 4 years
heart foilure, osthenio, etc. It meon injury or complication which cause	of dying, e.g., s the disease, ed death.)  ES  OUE TO  DUE TO  DUE TO	nadizad	Onterior Se	Lerons 4 years
heart foilure, osthenio, etc. It meon injury or complication which cause  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, if rise to the obove couse (A)	of dying, e.g., s the disease, ed death.)  ES (B)  OUE TO  DUE TO  DUE TO	nadizade riesotes	Ortenio Se	Lerons 4 years
heart foilure, osthenio, etc. It meon injury or complication which cause  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, if	of dying, e.g., s the disease, ed death.)  ES (B)  OUE TO  DUE TO  DUE TO	resoles	Orterio- 50 Melle	Lerons 4 years.
heart foilure, osthenio, etc. It meon injury or complication which cause ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION last,	of dying, e.g., s the disease, ed death.)  ES (B)  OUE TO  DUE TO  DUE TO	nxalizade i a se tes	Ortenio-50	Lerons 4 years.
heart foilure, osthenio, etc. It meon injury or complication which cause ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION last,	any, giving the CONTRIBUTING	nxalizade iasotes	Ortenio-52 Melle	Lerons 4 years.
heart foilure, osthenio, etc. It meon injury or complication which cause ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION last,	any, giving the CONTRIBUTING LATED TO THE GIT.			
heart foilure, osthenio, etc. It meon injury or complication which cause ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION last,	any, giving the CONTRIBUTING LATED TO THE CONTRIBUTING LATED TO THE CONTRIBUTION FOR WHICH OPERATION			
heart foilure, osthenio, etc. It meon injury or complication which cause  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION last,  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION WAS PE	any, giving  Staling the (C)  CONTRIBUTING LATED TO THE STITE CONTRIBUTION FOR WHICH OPERATION  CONTRIBUTION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	10) 208. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
heart foilure, osthenio, etc. It meon injury or complication which cause ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION last,  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELEASE OR CONDITION CAUSING DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. COWAS PE	any, giving staling the  CONTRIBUTING LATED TO THE OUT		10) 208. IF YES, WER	
heart foilure, osthenio, etc. It meon injury or complication which cause ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION last,  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. COWAS PE	any, giving staling the  CONTRIBUTING LATED TO THE OUT	20 A. AUTOPSY? (Yes or N	10) 208. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
heart foilure, osthenio, etc. It meon injury or complication which cause ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION last,  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. COWAS PE	any, giving staling the  CONTRIBUTING LATED TO THE OUT	20 A. AUTOPSY? (Yes or N	No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
heart foilure, osthenio, etc. It meon injury or complication which cause ANTECEDENT CAUSE  DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION last,  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CO WAS PE DEATH (notify modical examinet)  21D. TIME (Month) (Doy) (Year OF INJURY)	any, giving staling the  CONTRIBUTING LATED TO THE OUT	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
heart foilure, osthenio, etc. It meon injury of complication which cause  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION last,  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. COWAS PE  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)	any, giving  staling the  CONTRIBUTING LATED TO THE  IT.  PARTIES TO THE  STORMED  21B. PLACE OF INJURY (o.g., homo, form, foctory, street, etc.)  (Hour)  21E, INJURY OCCURRED	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
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JAN 25 1300 Olobert & Marsey Stawart & Moven Co. 108-W-North-Av. City-1 VS 150-REV. 1/1/65



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5	562	BIR		CATE OF DEATH Registered No.	
	and eath ased the Such		CASE NO.	2. DATE AND HOUR OF DEATH	ч
	S a a a		or Print Mr. Frank E. STEWAG		t Lito
	+ 0 0 H	3.	ACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission
	Spi S) D nce	101	TIFICATE CORRECTED 2-5-65	4. USUAL RESIDENCE (Where deceosed lived, If	N 110-
	Se Si Se de de de	W hen	OSPITAL OR oddress or location)	MD	740
107	0 0 0		STITUTION	2	RURAL and give township)
116	T te		Man la 10 11 out 0	D. STREET ADDRESS (If rurol, give tocotion)	
1	ting d car d car prior		Maryland Gen. Hospital	D. STREET ADDRESS (If rurol, give tocotion)	0.1
- 1	rributi mined gular sed pr	5. 1	V	023 ceaarcross	Kal
-	occurribu ontribu ermine regula is mad	) o. ;	7. MARRIED NEVER MARRIED WIDOWED DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (Infrects lost birthder)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
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	th co lete		USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	de de to		Retired-Inspector Public Service Co.	New Jorsay	115
	0 0 0 C + C	13.	ATHERS NAME	14. MOTHER'S MAIDEN NAME FIVE	150n
-	direct or c; (4) Under the was in the december of the december		John Stowart & deal	An a later	
Z		15.	os Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS dee
_ ₹	0 - 0 -	(Ye	no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	A .	WALL .
~	the the kir kir de ince		No 136-01-689		bove
MPORTAN	is and any or or		B. S.S.#136-01-6983 CAUS	E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
3	E 0 T		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	4. 6. U. C. F.	
=	Als Als art me		(A) (This does not mean the made of dying, e.g., DUE TO	Myocardial interction	10-1 days
**	F . 30 F B		heart foilure, osthenia, etc. 11 means the disease,		
DIRECTOR:	act act		injury ar camplication which coused deoth.)	vitoriosclerotic Cardiocas	C. Day
H	E 7 0 00 0		ANTECEDENT CAUSES  OUE TO		
<u> </u>	Xan Xan Wh Wh		DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) sloting the (C)	disease	
~	_ 0 0 E . E . S		UNDERLYING CONDITION last.	**************************************	
0	ical ras; ras; ras; as as				
7	did did	O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
2	mec mec / bu phy an an	ATIO	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
UNERAL	the sice	ERTIFIC	9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
5	by c by c 2) Bo re th physic	ERT		162	Yes
		0		g, in a about 21 C. WHERE DtD (If in Boltima t, office bldg., INJURY OCCUR?	ore City, give exact location)
	7 - 6 - 7 -	CA	DEATH (notify medical examiner) home, form, factory, stree		
	0 0 7 A	EDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED DE INJURY	21F. HOW DID INJURY OCCUR?	
	hosp natu ept d (6)	1	(APPROX.) While At Work At W	While	
	00 2 5 5 5		22. I certify that (1) (this hospital) attended the deceased fram	0	Jan 2/ 19 65
	F + E O				
			that (1) ((we) last saw the deceased alive an		thion death accurred on the date
	st be a ased to dent of ospital death) must be		and haur and fram the causes stated abave. (I) (Ve) (did) did no	t) view the bady after death.	
	leased to ident of hospital o death)		3A. SIGNATURE		23 B. DATE SIGNED
	released accident a hospit r to deat		J. Diller M.D.	Attending Med. Staff Phys. Director Phys.	21 January 1965
	ac ac		NAME (Type)	23D. ADDRESS	1 . 1
	was was An an Prio		L.G. Tilley	.D. Maryland General H	050, 41
	A P B	244	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION (	City, Yown, or county) (State)
	S: (		REMOVAL (Specify)		
	This certificate must the body was releas shows: (1) An accider was D.O.A. at a host deceased prior to de written approval mu	-	Burial   1-25-65   Dulaney Vall	ey Memorial Balto. Co.	ADDRESS
	This certificate m the body was reli shows: (1) An acci was D.O.A. at a b deceased prior to		I A A L m	H.W. Henkins & Sons C	0.4905 York Rd.
		I L	1AN 25 1965 A B B C TO GENTAL	Trononciating & Dolls C	Balto.12, Md.

V.S. 153 2-5-65 M.H.

or his assistant if

the Such

prior to death.

attendance

regular

was in

deceased

O death

to death); and (6) No physician was in regular attendance

physician who pronounced

examiner.

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any

(except where

at a hospital

eceased prior written approv

was D.O.A.

This certificate must be approved by the chief medical examiner

the body was released to the hospital by

the direct or contributing cause of death kind; (4) Undetermined cause; (5) Deceased

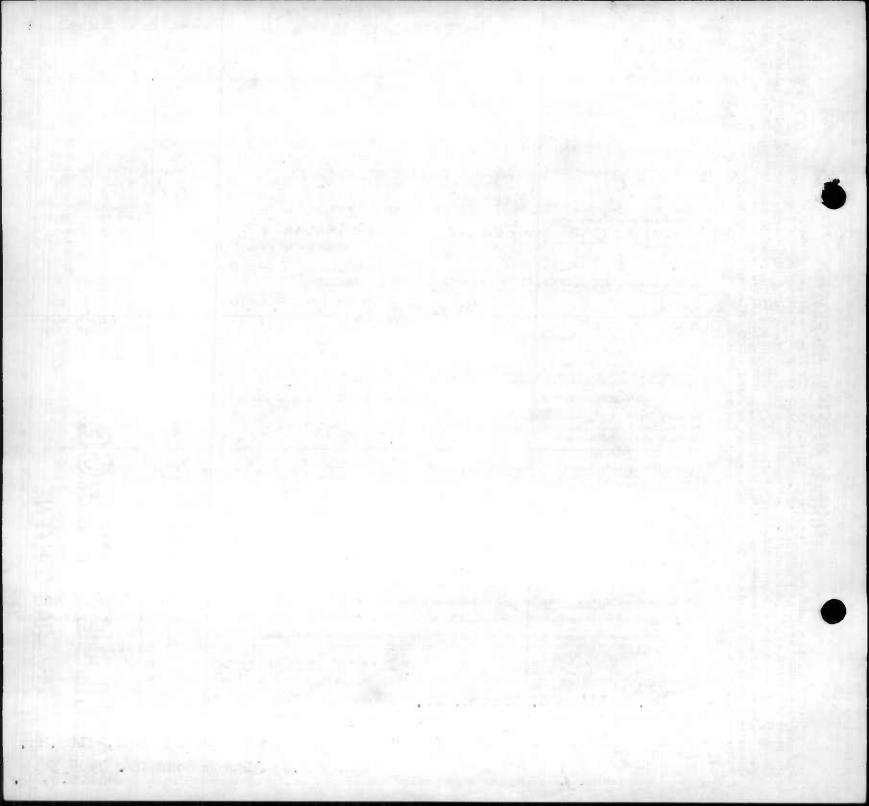
		0055		BALTIMORE CIT	HEALTH DEPA	RTMENT			
BIR	TH NO.	65 0855		CERTIFICA	TE OF DI	EATH	Registered No	65_1	1855
	E. CASE NO.	FASED					AND HOUR OF DEATH		
	pe or Print) 1A	IALTON HEN	RY .	JANNEY, M.	),		ARY 24, 1965	111:	50 A. M
3.		ATH IN BALTIMORE, MAR			4. USUAL RESI	DENCE (W	here deceased lived. If in		
					A. STATE	B. CO	UNTY	> 11	
	FULL NAME O	(If not in hospital a addless or location)	r institutio	on, give stieet	C. CITY OR TO		autside city limits, write R	O U	tawashia)
	ΝΟΙΤυΤΠ2ΝΙ				BALTIM		duiside city initis, write k	TORAC ONG GIVE	iownship)
11,	101 1001 101	EMORIAL HOS	OTAL		D. STREET ADD		(If rurot, give location)		
	Hololo in	endolerac Hos	PIINC		3806	GREE	VAWA		
5.	SEX	6. RACE		ED, NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years	If Under 1 Yr. Months Doys	, If Under 24 Hrs.
M	PALE	WHITE	MA	RRIED (specily)	1/14/79	7	tost birthdoy) 86		
		UPATION (Give kind of work) working file, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTR	11. BIRTHPLACE	(State or f	oreign country)	12. CITIZEN O	
		GIST (M.D.)	ME	DICINE	NEBRAS	SKA		UNITED	STATES
13.	FATHER'S NA	ME			14. MOTHER'S	MAIDEN N	NAME		
	WILLIAM	M E. WALTO	N		ELLE	V J	ANNEY		
15.	Wes Deceased	Ever in U. S. Armed Forc	es? of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADD	RESS
	UKNOWN			705-12-0780	HOSPITA	L RE	ecord5		
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		nplication which caused		R	tund a	+			
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	DISEASES C	OR CONDITIONS, if a	ny, giv	ing	+	1	aneuryom		
		e above cause (A) G CONDITION last.	stating	the (C)	rarrock	erose	A		***************************************
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N O		OPERATION 198. COND	ITION FO	R WHICH OPERATION	20A. AUTOPS	Y? (Yes or	No) 208. IF YES, WERE F	INDINGS CON	SIDERED
TIL	2	WAS PERF	DRMED		yes		IN CERTIFYING CAL	USES OF DEATH	1?
5	21 A. ACCIDE	NT WAS UNDERLYING		21 B. PLACE OF INJURY (e.g.,	in or about 21 C. W	HERE DID	(II in Boltimore	City, give exoc	t focotion)
1		UTING CAUSE OF medical examiner)		home, lorm, factory, street, etc.)	olfice bidg., INJUR	r occurs			
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N N	OF INJURY	(Monin (Doy) Hean	1110011	While At The Not Wh		SW DID	MAJORY OCCOR.		
]	(APPROX)	\		Work At Work					
				d the deceased from A				,	
	that (I) (we)	last saw the decease	d olive o	IN JANUARY 24	19 65	and	that in (my) (our) opin	nian deoth oc	curred an the dat
	and hour an	d from the causes state	ed obove	. (1) (We) (did) (did not)	view the bady o	fter deot	th.		
	23A, SIGNATU			0				23B. DATE SIG	NED
	XIII	in K. Olin	ton	M.D. At	lending A	Med. Director	Stoff Phys.		
	y will	O'M TOTO	,,,,	1	100D ADDDESS		,		

M.D. UNION MEMORIAL HOSPITAL William R. Linton, Jr. 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION (City, town, or county) Burial 1/26/1965 Friends' Burial Grounds 2506 Harford Road, Balto.Md.

250. Date Record By Health Dept. 258. NAME OF REGISTRAR Henry W. Jenkins & Sons Co. 4905 York
Baltol2, Md.

Baltol2, Md.

VS 150-REV, 1/1/65

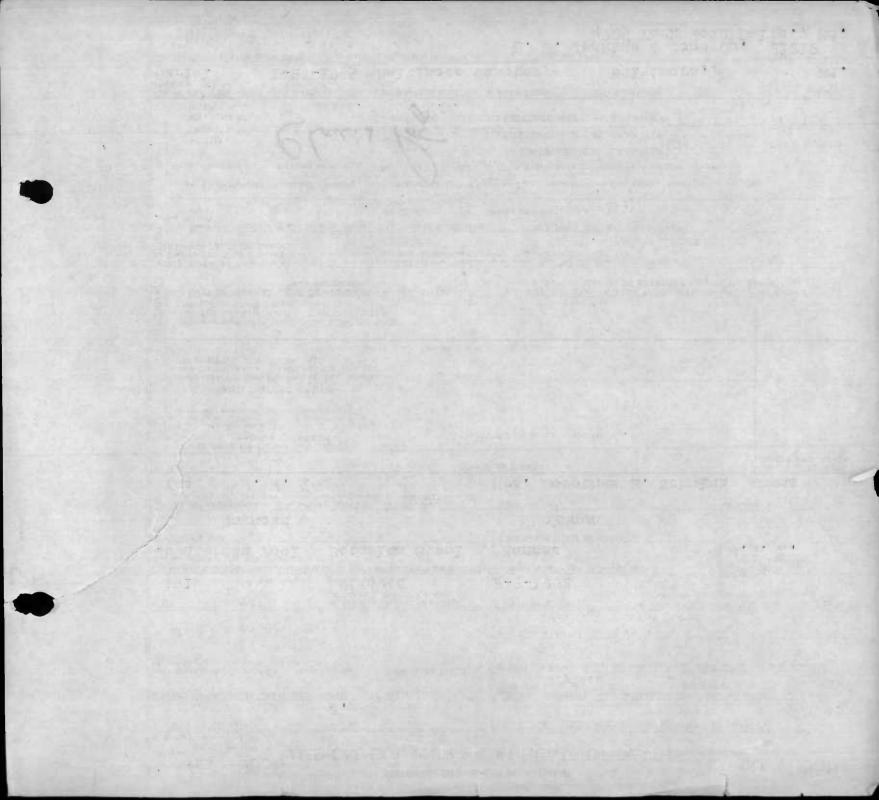


BAITIMORE	CITY	HEALTH	DEPA	DTMENIT

0050

BIRTH NO.	U855 MED	ICAL EX	AMINER'S	ERTIFICATE	OF DEATH Registe	60 0000 pred No.
M.E. CASE NO						
1. NAME OF	DECEASED				ATE AND HOUR PRONOUNC	
	LEO	J.	ASHLINE		anuary 24, 1965	
	ALTIMORE, MARYLAND, W			4. USUAL RESIDENCE A. STATE Maryla	B. COL	litution: residence before odmission) JNTY
HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN	If outside corporate limits, write	RURAL and give township)
INSTITUTION				Baltim	ore 6-6	
Johns	Hopkins Hospi	tal		D. STREET ADDRESS		
					Curley Street	
5. sex Ma <b>l</b> e	6. RACE White	7. MARRIED, WIDOWED, Widow	NEVER MARRIED DIVORCED(specily)	8. DATE OF BIRTH 2-2-1902	9. AGE (In years lost birthday) 62	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	CCUPATION (Give kind of wor	108 KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF
Counte	rman Tool	Bethel	em Steel	Kansas .		U.S. A.
13. FATHER'S N	AME			14. MOTHER'S MAIDEN	NAME	
	Unknown			Unknow	m	
	ASED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	W. W. I	S Of Selvice)	JECOKITI IVO.	Mrs. Dorot	hea R. Schul	tz Same
18.	a a l V		CAUS	E OF DEATH		INTERVAL BETWEEN
215	1/6/1					ONSET AND DEATH
DIS	EASE OR CONDITION DI LEADING TO DEATH		Guns	hot Wound of	Head.	
(This doe	es not meon the mode of ure, osthenio, etc. It meons	dying, e.g.,	DUE TO			
injury or	complication which coused	deoth.)				
	ANTECENDENT CAUSE	S				
DISEASI	ES OR CONDITIONS, IF A	NY, GIVING	(B). DUE TO	00,000		
	THE ABOVE CAUSE (A) S'. YING CONDITION LAST.	IAING INE				
Z	100000000000000000000000000000000000000		(C)			
OTHER !	II SIGNIFICANT CONDITIONS	CONTRIBUTION	ıc.			
O TH	E DEATH BUT NOT RE	LATED TO T				
	OF OPERATION 1198, CON		WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WERE FIL	NDINGS CONSIDERED
2	WAS PER			Yes	IN CERTIFYING CAU	
	NAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,		DID (If in Boltimore City, gi	ve exoct locotion)
O UNDERLYING C	IGMOR CONTRIB- AUSE OF DEATH.	home etc.)			. Curley Street	
Z 21 D TIME	(Month) (Doy) (Yeo	r) (Hour) 2	Home  1E. INJURY OCCURRED		D INJURY OCCUR?	
OF INJURY						
22.	1 24 65	A • m. V	VHILE AT NOT	WHILE X Shot	serr.	
	certify that I held an I	nquiry 🗌	Inspection A	utapsy X and that	t an this basis, death in n	ny apinian
re	sulted fram: Natural ca	uses A	scident D Suici	de 🗶 Hamicide 🗌	Undetermined manne	er 🗌
	A1		//		AL EXAMINER	
ACTU	JAL ATURE	ulas	letter M.T	ASSISTANT MEDIC	AL EXAMINER	DATE SIGNED
EXAM	AINER'S	s S. Pe	tty, M.D.	ASSOCIATE MEDIC		1/24/65
23A, BURIAL C	REMATION, 23B. DATE		C. NAME of CEMETERY	or CREMATORY	23D. LOCATION (City,	, torn, or county) (Stote)
Burial	1-27-1		altimore C		Baltimore,	Md.
24A. DATE REC	D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DI	RECTOR	ADDRESS
JAN S	2.5 1965 R.D.	8 E. Fa	Deu M. R	H. W. Je	nkins & Sons 4905 York Ros	Co. 21212 ad Balto., Md.

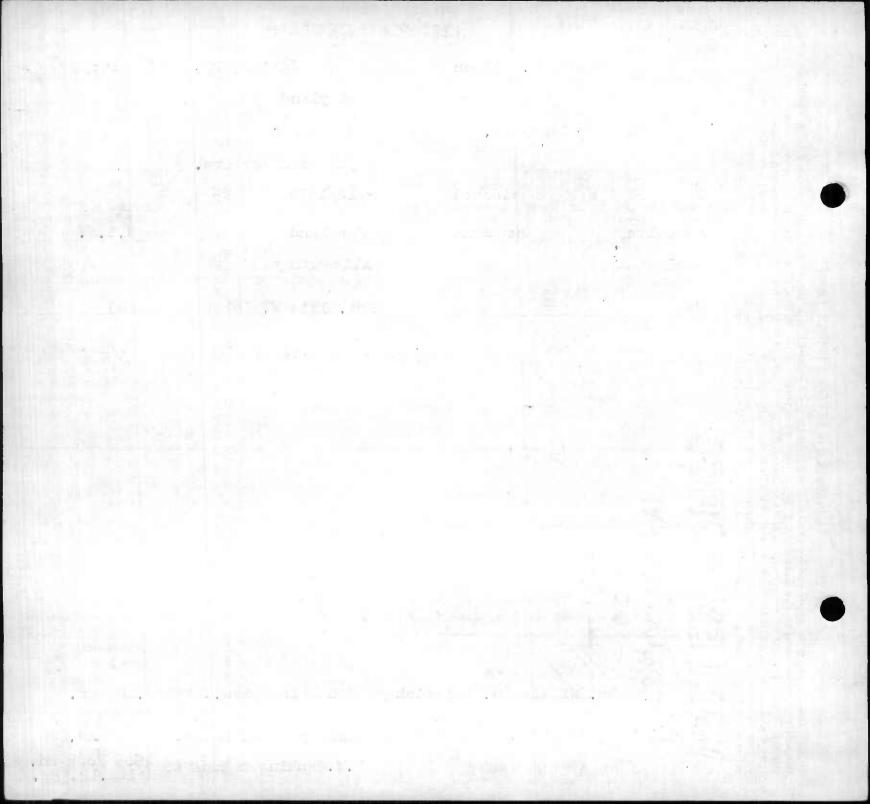
VS 151-REV. 1/1/65



VS 150-REV. 1/1/65

a hospital and

DERTIFICATE OF DEATH  Registered No.  M.E. CASE NO.  1. NAME OF DECRASED  (Type or Print)  Geneva E. Wilson  3. PLACE OF DEATH IN BALTIMORE, MARTLAND  FULL NAME OF HOSPITAL OR INSTITUTION  310 Rossiter Ave.  3. SEX  6. RACE  F  W  Wilson  310 Rossiter Ave.  5. SEX  6. RACE  F  W  Widowed  16. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmist. A. STATE  Maryland  C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Baltimore  D. STREET ADDRESS (If rurol, give location)  310 Rossiter Ave.  5. SEX  6. RACE  F  W  Widowed  16. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  HOUSEWIFE  Maryland  12. CITIZEN OF WHAT COUNTRY?  HOUSEWIFE  HOUSEWIFE  NO  Maryland  13. FATHERS NAME  Charles Sapp  15. Woss Decessed Ever in U. S. Amed Forces?  (Yes, no or unknown) (II yes, give wor or doles of service)  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, e.g.,	
I. NAME OF DECEASED (Type or Pint)   Control of Path	
Geneva E. Wilson  3. Place of Death In Baltimore, Martland  FULL NAME OF (If not in hospitol or institution, give street oddress or locotion)  310 Rossiter Ave.  5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   Wildowed   10. STATE   10	
S. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF HOSPITAL OR INSTITUTION  310 Rossiter Ave.  S. SEX 6. RACE Where deceosed lived. If institution: residence before odmis 8. COUNT  Widowed  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Widowed  108. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEWIFE  HOUSEWIFE  Charles Sapp  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or doles of service)  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  18. SUJAL RESIDENCE (Where deceosed lived. If institution: residence before odmis 8. STATE 8. COUNTY  Maryland  C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Baltimore  D. STREET ADDRESS (If rurol, give location)  310 Rossiter Ave.  8. DATE OF BIRTH  9. AGE (In yeors lost bighday)  8. DATE OF BIRTH  9. AGE (In yeors lost bighday)  8. DATE OF BIRTH  9. AGE (In yeors lost bighday)  Months: Doys Months	р.м.
HOSPITAL OR INSTITUTION  310 Rossiter Ave.  C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Baltimore  D. STREET ADDRESS (If rurol, give location)  310 Rossiter Ave.  S. SEX  6. RACE  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Wonfirst Model Widowed  8. DATE OF BIRTH WIDOWED, DIVORCED (specify) Wonfirst Model Wonfirst Date Of Bull Married Widowed  8. DATE OF BIRTH Wonfirst Model Wo	mission)
Baltimore  D. STREET ADDRESS (If rurol, give location)  310 Rossiter Ave.  S. SEX 6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years lost bighday)   10. Date of bighday)   10. Date of bighday   10.	
D. STREET ADDRESS (If rurol, give locotion)  310 Rossiter Ave.  5. SEX F W Wigowed, Divorced (specify) Widowed 2/12/1879  10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired) HOUSEWIFE OWN Home Maryland  14. Mother's Maiden Name Charles Sapp  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  NO  Mrs. Elsie W. Lober  CAUSE OF DEATH  ONSET AND DEATH  INTERVAL BETWEEN ONSET AND DEATH  ONSET AND DEATH  Adapo  D. STREET ADDRESS (If rurol, give locotion) 310 Rossiter Ave.  B. Date of Birth 9. AGE (In yeors lost bighdgy)  Months: Doys Hours 24  Mont	
5. SEX F  6. RACE W  7. MARRIED, NEVER MARRIED WDOWED, DIVORCED (specify) WIGOWED VDOWCED (specify) WIGOWED VDOWCED (specify) WIGOWED VDOWCED (specify) WIGOWED VDOWCED (specify) VDOWCED (speci	791
5. SEX F  6. RACE W  7. MARRIED, NEVER MARRIED WDOWED, DIVORCED (specify) WIGOWED VDOWCED (specify) WIGOWED VDOWCED (specify) WIGOWED VDOWCED (specify) WIGOWED VDOWCED (specify) VDOWCED (speci	
F W Widowed 2/12/1879 85  10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  done during most of working life, even if retired)  HOUSEWIFE OWN Home Maryland U.S.A.  13. FATHER'S NAME R.  Charles Sapp  14. MOTHER'S MAIDEN NAME  Alice Clay  15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  NO  Mrs. Elsie W. Lober (Same)  CAUSE OF DEATH  ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH	
10A. USUAL OCCUPATION (Give kind of work lob, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  done during most of working life, even if retired)  HOUSEWIFE  OWN HOME  Maryland  14. MOTHER'S MAIDEN NAME  Charles Sapp  15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  NO  Mrs. Elsie W. Lober  CAUSE OF DEATH  ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH	Min.
Housewife Own Home Maryland U.S.A.  13. FATHER'S NAME R.  Charles Sapp  15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dotes of service)  No  Mrs. Elsie W. Lober (Same)  INTERVAL BETWEEN ONSET AND DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A)  Lower Deceased Ever in U. S. Armed Forces?  Alice Clay  16. SOCIAL SECURITY NO.  Mrs. Elsie W. Lober (Same)  INTERVAL BETWEEN ONSET AND DEATH  CAUSE OF DEATH  LEADING TO DEATH	
13. FATHER'S NAME R.  Charles Sapp  15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  No  Mrs. Elsie W. Lober (Same)  IB. CAUSE OF CONDITION DIRECTLY LEADING TO DEATH  (A) Lott Rulmary (Lemma)  (A) Lott Rulmary (Lemma)	
Charles Sapp  15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  No  No  Alice Clay  17. INFORMANT  Mrs. Elsie W. Lober  CAUSE OF DEATH  INTERVAL BETWEEN ONSET AND DEATH  LEADING TO DEATH  (A)  LEADING TO DEATH	
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  NO  Mrs. Elsie W. Lober (Same)  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A)  Locate Dulmany Column Hards	
No Mrs. Elsie W. Lober (Same)  IB. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) Lott Rulmary Edinary  (A) Lott Rulmary  (A) Lott Rulmary  (A) Lott Rulmary  (B) Lober (Same)  (A) Lott Rulmary  (B) Lober (Same)	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  CAUSE OF DEATH  CAUSE OF DEATH  INTERVAL BETWEEN ONSET AND DEATH  (A) Leute Dulmary Edemin Hage	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  CAUSE OF DEATH  CAUSE OF DEATH  INTERVAL BETWEEN ONSET AND DEATH  (A) Leute Dulmary Edemin Hage	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Leute Dulmary Edema 4 days	
(A) LOU (COPICE OF COPIU)	тн
(This does not meon the mode of dying, e.g., DU-10	
heatl laiture, asthenia, etc. It meons the disease,	
injury or complication which caused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if any, giving	
rise to the obove couse (A) stating the (C) UNDERLYING CONDITION last.	
UNDERLING CONDITION IDSI,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION WAS PERFORMED   20A. AUTOPSY? (Yes of No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING [7] [21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)	
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
OF INJURY	
(APPROX.) Work At Work	65
22. I certify that (I) (this hospital) attended the deceased from 19 to 2007 19 that (I) (we) last sow the deceased alive on 2007 19 that (I) (we) last sow the deceased alive on 2007 19 that in (my) (our) again on death occurred on the	he dote
and how and from the couses stated obove. (1) (We) (did) (did net) view the body after death.	
23A/SIGNATURA O J DI TE SIGNED	
M.D. Attending Med. Stoff	(
23C. PHYSICIAN'S	3
NAME (Type) Dr. William G. Helfrich, 5006 Roland Ave., Balto.10 Md.	
	(-4-4-2)
REMOVAL (Specify)	(Stote)
Burial 1/25/1965 Loudon Park Cemetery Baltimore, Md.	157
JAN 25 1965 Robert E. Falley M. Jenkins & Sons Co 4905 York Roberts H.W. Jenkins & Sons Co Balto 12. Md	Rd.



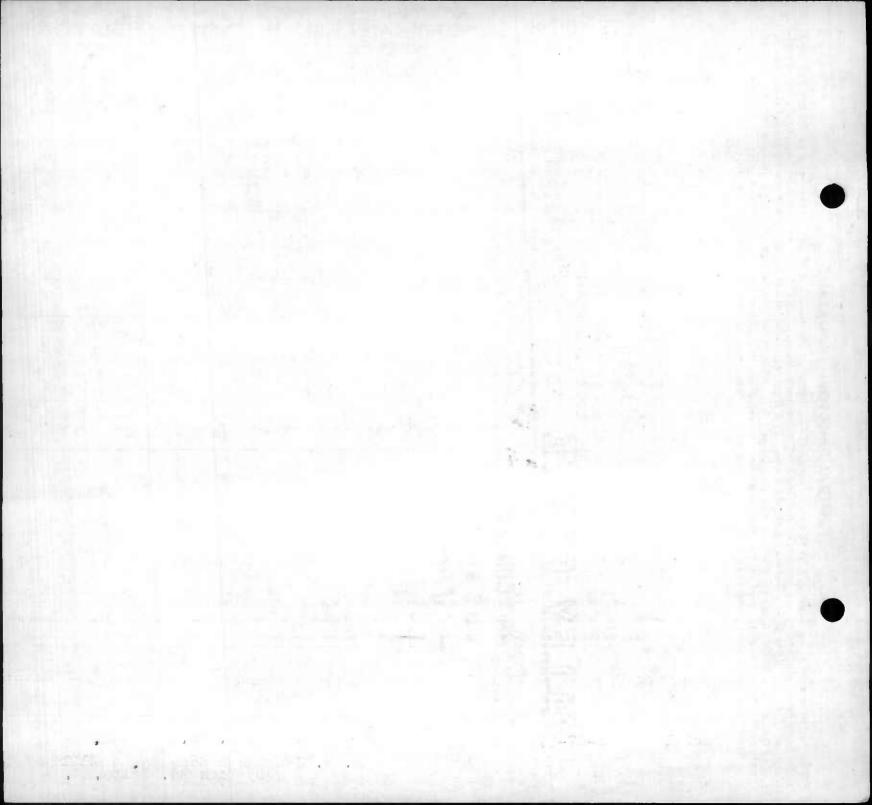
BALTIMORE	CITY	HEALTH	DEPARTMEN

BIRTH NO. 65 0858	CERTIFICA	TE OF DEATH	Registered No.	X 65 0858
I. NAME OF DECEASED	del EIERM.	AN 10	HOUR OF DEATH	1/23/65 institution: residence before admission
FULL NAME DF (If not in haspital or instit HDSPITAL OR address or lacotion) INSTITUTION		ARYLAND C. CITY OF TOWN (If our	IΤΥ	53-00 RURAL and give township)
UNION MEMORIAL H	lospitaL	D. STREET ADDRESS (IF	rural, give location) TER AV	ENVE
FW	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	8/11/97	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIP done during most of working life, even if refired)  HOUSEWIFE	NO OF BUSINESS OR INDUSTRY	BALTIMORE	Md.	12, CITIZEN OF WHAT COUNTRY? U. S. A.
HENRY J. SEIDEL	/	DARBARA	ZINK	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknown) (If yes, give war ar dates of ser		17. INFORMANT, HUSBA	Nd) J.F	RED EIRMAN (SAME)
DISEASE OR CONDITION DIRECTLY	CAUSE O	NE UMONIA		INTERVAL BETWEEN ONSET AND DEATH  WEEK
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis injury at camplication which caused death.) ANTECEDENT CAUSES	e.g., DUE TD	utestiNAL	Obstruci	tion I month
DISEASES OR CONDITIONS, if any, it is to the abave cause (A) stating UNDERLYING CONDITION lost.	A I	NO CARCINOMA O	f Colo	N 2 YEARS
UTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
1/11/65 198. CONDITION WAS PERFORMED INTESTIN	AL Obstruction		IN CERTIFYING CA	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i hame, larm, factory, street, a etc.)	ffice bldg., INJURY OCCUR?		re City, give exact lacotion!
21D. TIME (Month) (Day) (Year) (Hours) (APPRDX)	While At Not While At Work		URY OCCUR?	
22. I certify that (**) (this hospital) attenthat (1) (***) lost saw the deceased alive	on 1/23	19 65 and th	19 <u>6 4</u> to ot in(my) <del>()</del> op	inion death occurred on the dat
and hour ond from the couses stated about 23A, SIGNATURE	M.D. Att	ending Med.	Stoff Phys.	23B, DATE SIGNED 1/23/65°
William N, BENNE		Union ME	MORIAL OCATION (C	Hospital  City, town, or county) (State)
REMOVAL (Specify)	Cemete Moreland Memo	LA -	lto. Co.,	

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

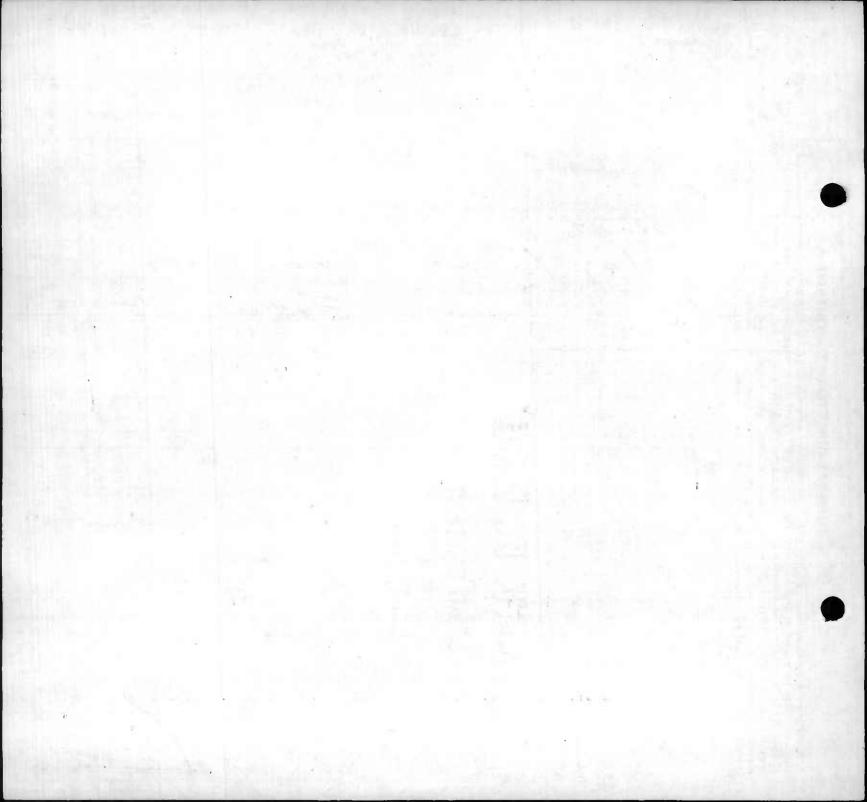
& Sons Co. ^21212 York Rd. Balto.Md. H. FUNERAL PRECTOR 13 4905

JAN 25 1 VS 180-REV. 1/1/65 2. 1965



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death response (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	05 0050	BALTIMORE CITY	HEALTH DEPARTMENT	(	T DOMA
	TH NO. 65 U859	CERTIFICA	TE OF DEATH	Registered Na.	5 0859
1, N	E CASE NO.  IAME OF DECEASED  OF OF PRINTING MARKETS  OF OF PRINTING MARKETS  OF OF OF OFFICE ASED  OF OFFICE ASED  OFFICE ASE NO.	rucks Will	MAI SOW 2. DATE AN	D HOUR OF DEATH	
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF HOSPITAL OR INSTITUTION  (If not in hospital or institution, give street oddress or tocome)		4. USUAL RESIDENCE (Where		ution: residence before admission)
			C. CITY OR TOWN (If outstee city limits, write RURAL and give township)		
	409 Ja/ap	São Aux.	D. STREET ADDRESS (IF )	ural, give location	sto Ces.
5. 5		NEVER MARRIED		9. AGE (In Pears In No. 1)	f Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min,
	USUAL OCCUPATION (Give kind of work 108, KINI e during most of working life, even if refired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	2. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME & S. B.	OKER	14. MOTHER'S MAIDEN NAM		mneou
15. (Ye	Was Deceased Ever in U. S. Armed Force 3, s, na ar unknown) (If yes, give wor or dates of servi	SECURITY NO.	17. INFORMANT  FR 121	14 - 0	ADDRESS A ME
	18. 4 20 / I	CAUSE O		Petous	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH  (This does not meen the mode of dying, heart foilure, osthenio, etc. Il meens the dise injury or complication which caused death,)		Coronary	Sclerery	byeurs
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if ony, girise to the obove couse (A) stoling UNDERLYING CONDITION lost.	ving	AAA WAAA AA AH AH GOGGA COO GOGG DO DO DO DO DO GOGG GOGG GOD GOD	200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AB \$40.00.00.00.00.00.00.00.00.00.00.00.00.0
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE			
MEDICAL CERTIFICA	19A. DATE OF OPERATION 198. CONDITION FWAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.)	208. IF YES, WERE FIN	DINGS CONSIDERED ES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimare C	ity, give exact lacation)
	21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At Not While Work  Not Work	21F. HOW DID INJU	JRY OCCUR?	
	22. I certify that (I) (this haspital) attend		may -	059 in Jan	23/ 1965,
	that (I) (we) last saw the deceased alive		4 19 6 5 and the	ot in (my) (out) apinic	n death accurred on the date
	and haur and from the causes stated abov	(/			
	23A. SIGNATURE LOWIS 98	da WP	ending Med.	Stoff Phys.	BB. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) DECTOR LOUIS		320 PATAPSCO	AVE. BALTI	MORE MARYLAND
24/	REMOVAL (Specify)	C. NAME OF CEMETERY OF CRE	MATORY 24D. LC	CATION (City,	town, or county) (State)
254		ME OF REGISTRAR	25C FUNERAL STRECTOR	130	ADDRESS
VS	JAN 26 1965 R. C.	SE, Jaweymin	M. Care	7 1 2 2 1	Palaneso-C
			/	100/0	alask are

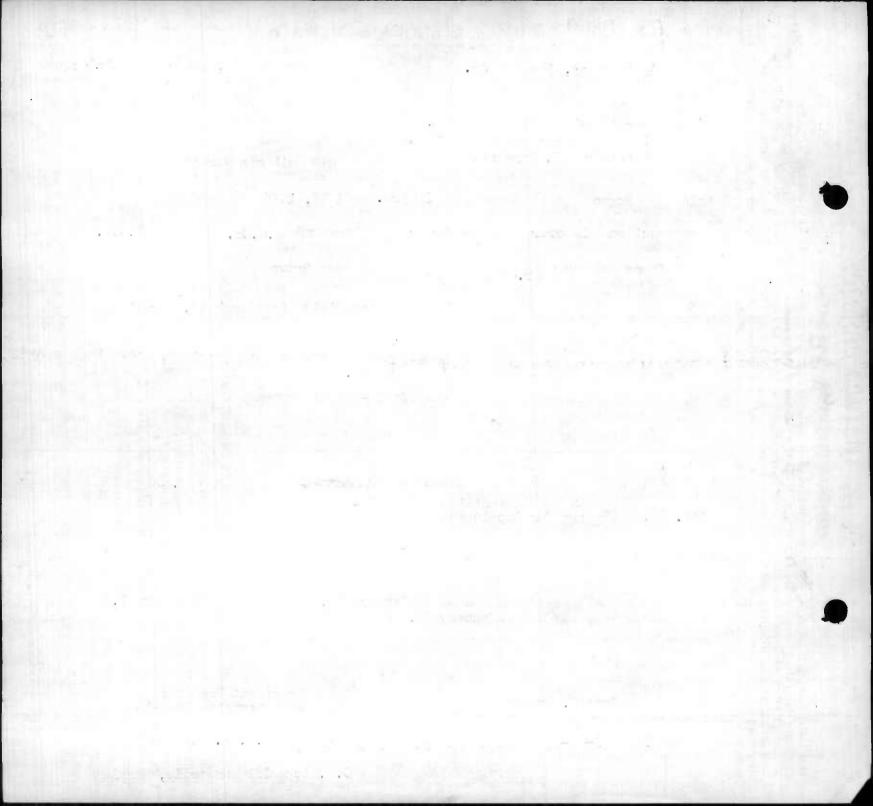


	BALTIMORE CITY HEALTH DEPARTMENT	
BIRTH NO. 65 0860	CERTIFICATE OF DEATH Registered No. 65	860
M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)  Gallaway, James Jr.	January 17, 1965 2002	:20a
3. PLACE OF DEATH IN BALTIMORE MARYLAND	14. USUAL RESIDENCE (Where deceased lived, If institution; residence be	
FULL NAME OF (If not in hospital or institution, give st HOSPITAL OR oddress or location) INSTITUTION Provident Hospital	Maryland  C. CITY OR TOWN (If outside city limits, write RURAL and give town  Baltimore	(ship)
1514 Division Street	D. STREET ADDRESS (If rurol, give location)	
Baltimore 17, Maryland	620 Smithson Street	
S. SEX 6. RACE 7. MARRIED, NEVE WIDOWED, DIV Separation USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSIN done during most of working life, even it retired)  Construction Laborer ***	RCED (specify)   lost birthdoy   Months Doys Ho	
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	
James Gallaway Sr.	Rosa Brown	
	CURITY No. 17. INFORMANT 1532 Druid Hill Avenue Sam Fields Baltimore 17, Maryland	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH  (A) Severe Septicemia with Adynamic more than the second of the second	ID DEATH
ANTECEDENT CAUSES	B Ischio-rectal Abscess	************
DISEASES OR CONDITIONS, if ony, giving rise to the obave couse (A) stoling the UNDERLYING CONDITION lost.	(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Jangung.	
U 21A. ACCIDENT WAS UNDERLYING   21B. PLAC	OPERATION drain 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?  Ctal absess no  OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact local factory, street, office bldg., INJURY OCCUR?	
DEATH (notify medical examiner) etc.)  DEATH (notify medical examiner) etc.)  DEATH (notify medical examiner) etc.)	Y OCCURRED 21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)  While At Work	Not While At Work	

the body was released

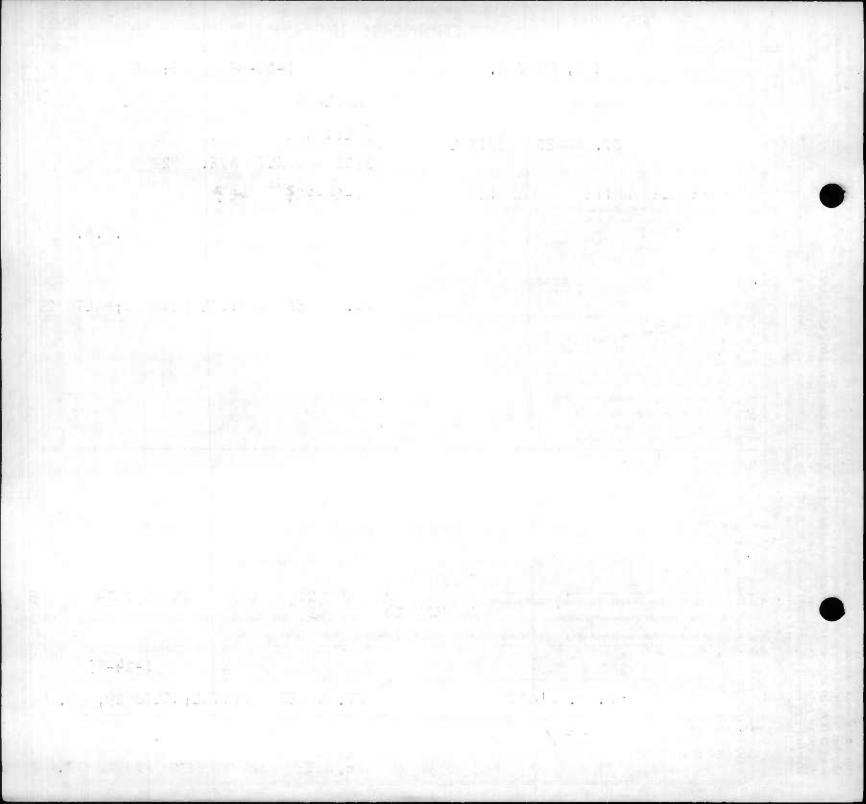
TWEEN DEATH a week 1965 on the date and hour and from the causes stated above. (1) (We) (did) (did nat) view the bady after deoth. deceased prior to deat written approval must was D.O.A. at a hospit 23 B. DATE SIGNED 23A. SIGNATURE Stoff Phy s. Attending Phys. Med. Director January 17, 1965 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS Provident Hospital Jose C. Arroyo M.D. 1511 Division Street 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) (Stote) A.A.Co. Maryland Burial Chews Church ( Nethodist ) A.

| 25B. NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR 1-22-65 ADDRESS C.E.Hicks Ill Annapolis, Maryland VS 150-REV. 1/1/65



VS 150-REV. 1/1/65

			BALTIMORE CITY	HEALTH DEPARTMENT		CE	0001
BIRTH NO.	65 0861		CERTIFICA	TE OF DEATH	Registered No.	00	1861
1. NAME OF DECE	ASED			2. DATE A	ND HOUR OF DEATH		
		BY E.		1 6-	+-65 8	:45P	
FULL NAME OF			give street	A. STATE B. COUL		25-C	efore odmissio
HOSPITAL OR	oddress or location)		•	C. CITY OR TOWN (If or	utside city limits, write	RURAL and give tow	nghip)
	ST. AGNES	HOSP	ITAL	D. STREET ADDRESS	rurol, give location)		
				3723 BROOKLY	N AVE. #	25	
FEMALE	WHITE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH 1913	9. AGE (In years lost birthday)	Months Doys H	ours Min.
	vorking life, even if retired)	B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUN	
3. FATHER'S NAM				14. MOTHERS MAIDEN NA	ME	0.5.4	•
UNK				UNK			
	Ever in U. S. Armed Force	.?	1 6. SOCIAL	17. INFORMANT		ADDRESS	5
es, no or unknown)	(If yes, give wer or dotes	of servico)	SECURITY NO.	And the second second			
NO				ST. AGNES HO	SPTIAL REC	CORDS; BAL	TO 29
18.433	3. / 1		CAUSE	F DEATH			ND DEATH
	E OR CONDITION DIRE	CTLY		1-	11 1 1.	1	/
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	al mean the made of d osthenio, etc. It meons th						
	plication which coused d			- Francis	1: 11.1	1-1	11/
A	INTECEDENT CAUSES		DUE TO	all words	lac amy	k 27160	The house
rise la lhe	R CONDITIONS, if an obave cause (A) s		0.1	teroselerol	ic-carello	vasailor	dis. 1
-	11	_					V
TO THE DE	FICANT CONDITIONS CO EATH BUT NOT RELATI CONDITION CAUSING IT.					S. Trais	
19A. DATE OF	OPERATION 198 CONDI WAS PERFO		WHICH OPERATION	20A. AUTOPSY? (Yos or N	O) 20B, IF YES, WERE IN CERTIFYING CA		RED
OR CONTRIBU	TING CAUSE OF medical examiner	21 E hor otc.	ne, form, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	IIf in Boltimore	e City, givo exact loc	cotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yoot)		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
22 1	.1 . (1) (.1 1			ANUARY 24	1065 JAN	HIARY 24	10 65
	that (I) (this hospital) last saw the deceased		IANIIADV 2/	65	hat in (my) (aur) api	nion death occurr	19
and haur and	from the causes stated	d abave. (	1) (We) (did) (did nat)	view the body after death.			
23A. SIGNATU	F. DA	Min	M.D. Att.	onding Mod. s. Director	Stoff Phys.	1 -24-65	
23 C. PHYSICIAI NAME (Ty	- 1001	ARCY	M.D.	ST. AGNES H		LTO 29,	MD.
BURIAL CREA REMOVAL (S BURIAL	MATION, 24B. DATE		AME of CEMETERY OF CR		LOCATION (CI	ity, town, or county)	(Stote)
5A. DATE REC'D			OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDR	RESS
	IAN 26 1965 (	Club	E. Harber M.A	McCULLY FUNE			



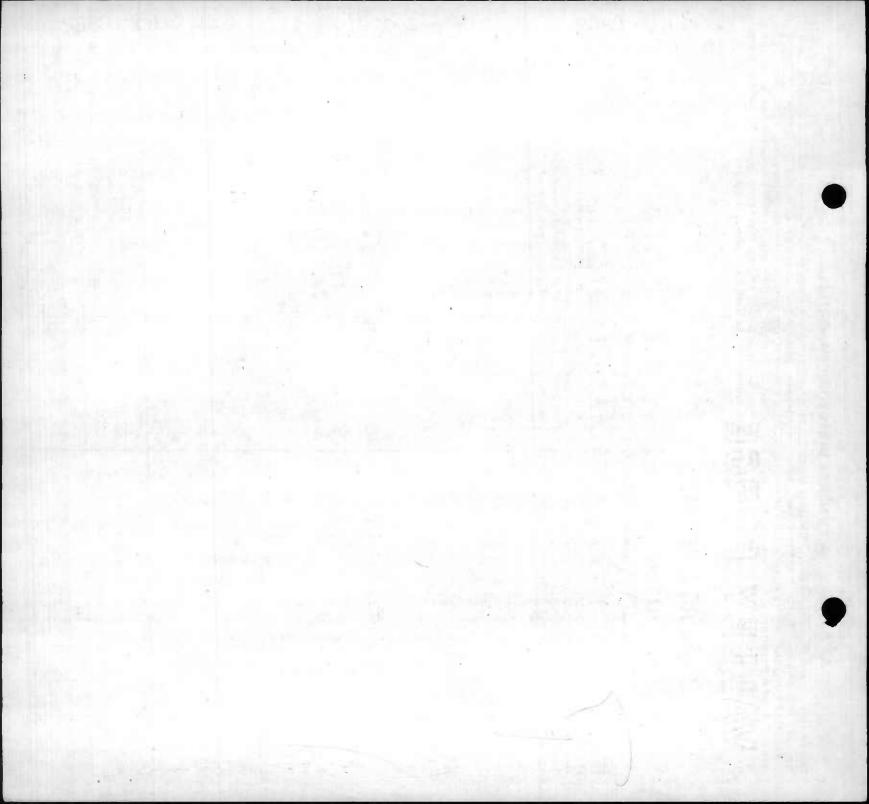
## IMPORTANT DIRECTOR: FUNERAL

hospital and use of death eath. ance (4) Undetermined cause; (5) or contributing cause Ö attend prior occurred in regular mad deceased isposition death MOS the direct LO death kind; final attendance any pronounced or A SO, of embalmed fracture examiner gular who 4 are 4 ල 2 physician remains chief medical MOS medical (2) Body burns; an the physic 0 where the body was released to the hospital °N any nature; obtained 9 approved (except and eath) accident of hospital must 0 0 approval 0 prior to d An D.O.A. eceased decease M dis

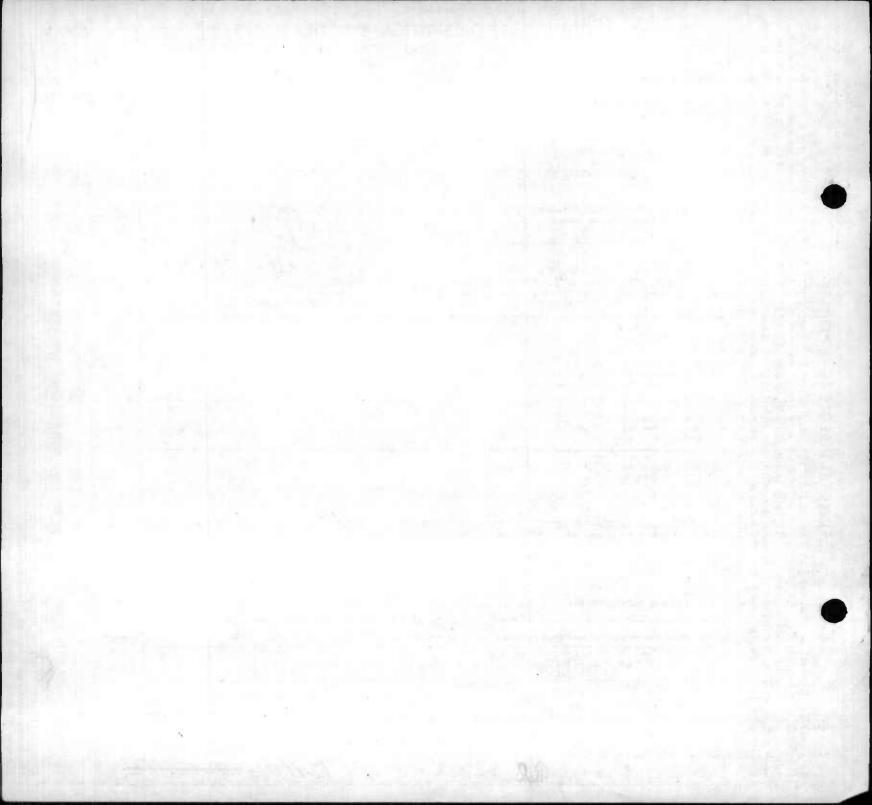
Deceased on the

BALTIMORE CITY HEALTH DEPARTMENT 0862 Registered Na.\_ BIRTH NO. 65 CERTIFICATE OF DEATH Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) ROSE L. AKERS 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where decemsed lived. If institution: residence before admission) B. COUNTY A. STATE MD. FULL NAME OF (If not in haspital ar institution, give street oddress or lacotion) HOSPITAL OR (If autside city limits, write RURAL and give tawnship) INSTITUTION BALTIMORE SBGH D. STREET ADDRESS (If rural, give lacation) TALBOT ST 5. SEX B. DATE OF BIRTH 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED DIVORCED (specify) Months Doys last birthdoyl Hours 73 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12, CITIZEN OF WHAT COUNTRY? done during mast of working life, even it retired) HOUSEWIFE MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM LLOYD ELIZ. LEIBOLD 15. Was Deceased Ever in U. S. Armed Forces' 17. INFORMANT ADDRESS 1 6. SOCIAL (Yes, no or unknown) (If yes, give wor ar dates of service) SECURITY NO. NO FAMILY CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION lost. ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. TO THE CERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (II in Baltimare City, give exact lacotion) OR CONTRIBUTING CAUSE OF home, larm, factory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examined (Month) (Day) (Year) (Hour) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an..... and that in(my) (aur) apinion death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED M.D. Attending Med. Director 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24C. NAME of CEMETERY OF CREMATOR 24A. BURIAL CREMATION, (City, lown, or county) REMOVAL (Specify)

GLEN HAVEN CEM 25C. FUNERAL DIRECTOR ADDRESS McCULLY FUNERAL HOME VS 150-REV. 1/1/65



	BALTIMORE CITY	HEALTH DEPARTMENT		0	
BIRTH NO. 65 0863 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	65 (	1863
1. NAME OF DECEASED (Type or Print)	Jorman	2. DATE AN	D HOUR OF DEATH	, 4	100P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	- Man	4. USUAL RESIDENCE (Whe		titution: residence	belore odmissio
FULL NAME OF (If not in hospital or institution,	give street	Maryland		9.4	7. (0)
HOSPITAL OR oddress or location) INSTITUTION			tside city limits, write RI	JRAL ond give tov	vnship)
University Hosp	ital	D. STREET ADDRESS (IF	rural, give location)	M -	-00
		11 Cron	nuell	400	
MIDOWE WIDOWE	D, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys	If Under 24 H lours Min.
OA, USUAL OCCUPATION (Give kind of work 10B, KIND O		11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUR	JTDV2
lone during most of working lile, even if retired) RCa	elestate	Maryla	nd	US	17
3. FATHERS NAME		14. MOTHERS MAIDEN NA	ME 1/ /-		
> ames R. Norna	-	Estelle	· Hopki	ps	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT	1.	ADDRES	\$ >
unknown	CAUSE O	7/4/17	119-0	BIYES	L BETWEEN
DISEASE OF CONDITION DIRECTLY	CAUSE	" /			ND DEATH
LEADING TO DEATH	(A) VC	entricular F	· lovilation	M	
(This does not mean the made of dying, e.g. heart failure, asthenia, etc. It means the disease		1.			1
injury or camplication which caused death,)  ANTECEDENT CAUSES	(B) / M	Vocardia /	ufaret 10	130	daus
DISEASES OR CONDITIONS, if any, giving	DUE TO	C		~	1
rise to the obave cause (A) stating the UNDERLYING CONDITION last,	(C)		**************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 211	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	NDINGS CONSID	ERED
WAS PERFORMED		NO.			
OR CONTRIBUTING CAUSE OF hos	me, form, foctory, street, a	frice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact le	ocotion)
W OF INITION	E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?		
₹ (APPROV)	hile At Not While Ork Not Work				
22. I certify that (1) (this hospital) attended	the deceased from	1101	19 65 to 6	123	19 6
that (I) (we) last saw the deceased alive an		19 6 5 and th	at in (my) (aur) apin		
and hour and from the causes stated above.	(I) (We) (did) (did nat) v	riew the bady after death.			
23A. SIGNATURE Onathan	Tuel M.D. Atto	ending Med. S. Director	Staff Phys.	1/23	165
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	11- 1	7/	
Jonathan Tuerk MD	M.D.	University	105pil	aj	4.85
24A. BURIAL CREMATION, 24B. DATE 24C.N	111		OCATION (City	, town, or county)	(Stote
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	Gaeco	ADD	RESS
JAN 26 1965 R. Cab		McColly:	1306	75	0
VS 150-REV. 1/1/65			23)	Val	Cis.



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(2)

cause

contributing

death

IMPORTANT

Undetermined regular is mad A. STATE

4. USUAL RESIDENCE (Where doceosed lived. If institution; residence before admission)

	F DECEASED			
ype or Pri	Langgood,	Charles	J.,	Sr.

2. DATE AND HOUR OF DEATH

O	0 1	

ADDRESS

3.	PLACE	OF	DEATH	IN	BALTIMORE,	MARYLAND

1-22-65

FULL NAME OF HOSPITAL OR

(If not in hospital or institution, give street oddress or location)

Maryland C. CITY OR TOWN (If outside city limits, write RURAL

Baltimore

D. STREET ADDRESS (If rural, give location)

## Union Memorial Hospital 5708 Loch Raven Blvd.

6. SOCIAL

5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Und Months: Doys Hours Il Under 24 Hrs. Hours : Min. WIDOWED, DIVORCED (specify) ost birthdoyl Male Caucasian Married 12-20-95 69 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Maryland Gas& Elect. Co. Retired Gas& Elect. Co.

13. FATHER'S NAME

Charles J. Langgood 15. Was Deceased Ever in U. S. Armed Forces 14. MOTHER'S MAIDEN NAME

Ellen Connelly

(Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. Margaret E. Langgood, 5708 Loch Raven Blvd. Yes 212-05-6573A

17. INFORMANT

18. 420, / 1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) (Oronary Occlusi	on Ilde.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO DO MARY De auffice	- lode
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving	DUE TO	The formation of butters.
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(C)	
11		

CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

	21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR?	(II in Boltimore City, give exact location)
DEATH (notify medical examiner)	etc.)	

(Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.)

Work AI Work 22. I certify that (1) (this haspital) attended the deceased from 202001422-19

that (I) (we) last sow the deceased alive on ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the bady ofter death.

23A. SIGNATURE	nt nt			23B. DATE SIGNED
Made	est Chounell M.D	Attending Ned. Director	Stoff Phys.	

PHYSICIANS 23D. ADDRESS

St. Charles Cemetery

24D, LOCATION

Pikesville. Md.

ADDRESS

1-25-65

Leonard J. Ruck Inc. 5305 Harford Rd.

25C. FUNERAL DIRECTOR

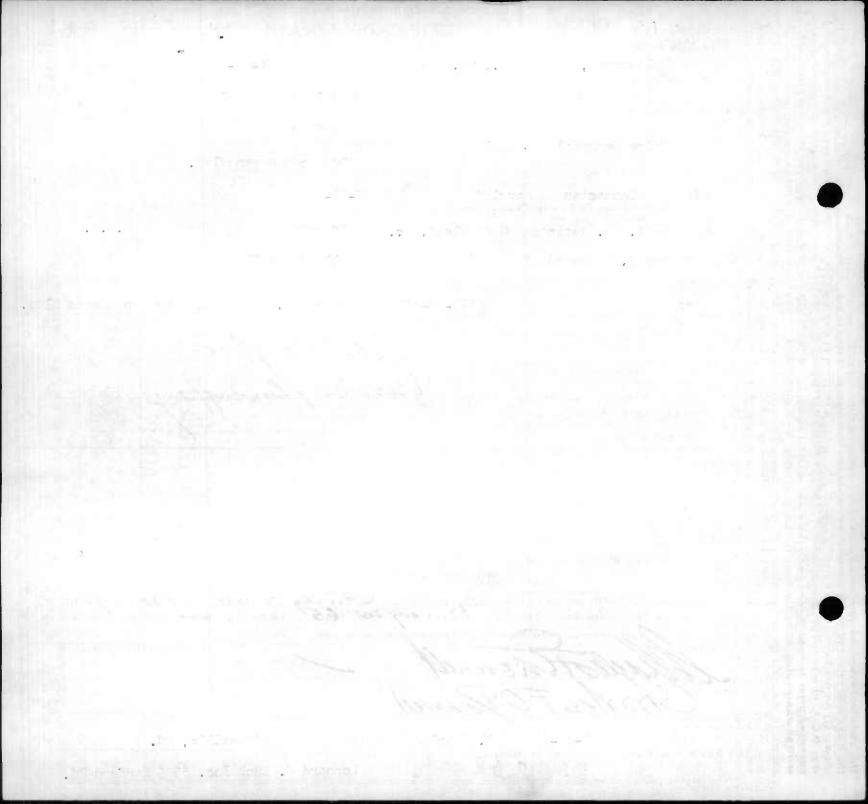
VS 150-REV. 1/1/65

Burial

24A. BURIAL CREMATION,

REMOVAL (Specify)

FUNERAL DIRECTOR: regular who physician the chief medical Was physician 3 where to the hospital ŝ nature; 9 (except and any of death) hospital was released accident must 0 0 prior to An D.O.A.



Such

05	0865	BALTIMORE CITY	Y HEALTH	DEPARTMENT		CE	0005
BIRTH NO. 65 M.E. CASE NO.		CERTIFICA	TE O		Registered Na	65	0865
Type or Print)	ETTINGER,	JOHN WILLIAM		1-21		40P	M.
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or inst oddress or location)		MAR C. CITY	E COUN	re deceosed lived. If ins ITY tside city limits, write R		Balto.
	ST. AGNES	HOSPITAL	D. STREE	T ADDRESS (IF	rurol, give location)		
5. SEX 6.	WI	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	7-10		9. AGE (In years lost birthdoy)	If Under 1 Months Do	Yr. If Under 24 Hrs. ys Hours Min.
	UDENT)	IND OF BUSINESS OR INDUSTRY	MARY	LAND HER'S MAIDEN NA		U.S.	COUNTRY?
JOHN W.	Ettinger, Si		HELE				
15. Was Deceased Ev (Yes, no or unknown) (III	er in U. S. Armed Forces? yes, give wor or dotes of s	16. SOCIAL SECURITY NO.	ST.		SPITAL REC	ORDS:\	CATON AVES
(This does not heart failure, as injury or compliant of the UNDERLYING OTHER SIGNIFICATION THE DEA	ADING TO DEATH  meon the made of dying thenia, etc. It means the d colion which caused deoth  TECEDENT CAUSES  CONDITIONS, if ony, obave cause (A) stolin CONDITION tost.  II  CANT CONDITIONS CONTR  TH BUT NOT RELATED THE BUT NOT RELATED THE PERATION 1978. CONDITION  PERATION 1978. CONDITION	giving g lhe (C)			Brain Jum		DNUDERED
O DATE OF O	WAS PERFORME		200.	COTOL21 Lines of MC	D) 20B, IF YES, WERE F	ISES OF DEA	ATH?
V 21A. ACCIDENT OR CONTRIBUTION DEATH (notify m	WAS UNDERLYING CAUSE OF edicol exominer	21B PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout office bldg.,	21C. WHERE DID INJURY OCCUR?	(If in Bollimore	City, give e	xect locotion)
21 D. TIME (APPROX.)	Month) (Doy) (Year) (Hou	While At Nork At Work		21F. HOW DID INJ	URY OCCUR?		
that (I) (we) la and haur and f 23A. SIGNATURE 23C. PHYSICIAN NAME (Type DR. W.	ram the causes stated at the causes stated at the causes stated at the causes stated at the causes a	ve an JANUARY 21 pave. (I) (We) (did) (did nat)	ending 23D. ADD	Med. Director AGNES HO	Stoff Stoff SPITAL, BAL		-65 , MD.
Buria 25A. DATE REC'D BY	1/25/65	Frak Methodis		netery .	Fork, Mary	land	ADDRESS A
VS 150-REV. 1/1/65	AN 26 1965 R	Post E. Farly M.A.	0 4	43	Ruck. s	305	tofond live

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SE SI'S SUPERIOR SERVICES

01					BALTIMORE CITY	HEALTH DEPARTMEN	NT .	0000
205		H NO. 6	5 0866		CERTIFICA	TE OF DEAT	H Registered No.	65 0866
	1 N	AME OF DEC	ASED			2. DA	TE AND HOUR OF DEATH	
0 =	(Тур	e or Print	RETT, THOMAS	(NMI)		J	anuary 21, 196	5   10:00 A.M. M.
рео г.	3. P	LACE OF DEA	TH IN BALTIMORE MA	CLEAND	( 2 17 mm	4. USUAL RESIDENCE	(Where deceased lived, If in	stitution: residence before admission)
cause; (5) Decatendance of ior to death.	CF	RTH-IC	ALE CORREC	. 1 1 1 1	6-7-65		COUNTY	2706
d a 6		OLE NAME O	oddress or location	or institution,	give sheet	Maryland c. Citr of lown	(If outside city limits, write	PLIPAL and give township)
to to	11	reterans	Administrat:	on Hos	nital		th oblance chy limits, while	NORAL OIL GIVE TOWNSHIP?
cause; attend ior to			Raven Boule		P-2 - C-2	Baltimore D. STREET ADDRESS	(If rurol, give location)	
	-		Maryland	our or		5501 Hamle t	t Arronno	
0 0 0	5. S		6. RACE		, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
letermined in regular eceased p on is made	3.5	-T -	Tulbod do	Widows	D, DIVORCED (specify)	3/5/87	lost birthdoy)	Months Doys Hours Min.
re		usual occu	White		WEG F BUSINESS OR INDUSTRY		or foreign country)	12. CITIZEN OF
(4) Undet was in the dece isposition			vorking life, even if retired)					WHAT COUNTRY?
Und as e d e d		Truck I		unk	nown	Baltimore,	Maryland	U.S.A.
wa wa the	13. 1	FATHER'S NAM	16			14. MOTHERS MAIDEN	NAME	
€ × + is		Thomas	Barrett			AnnaLaueha	rdt	
kind; death ce on inal di	15. V	Nos Deceased	Ever in U. S. Armed For-	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Rosanda 2000	Loch Raven Blvd
ded nce						Baltimore,		218
- E in	Ye	18, // ()	6/28/18-5/19	7/19	216 12 2421	F DEATH	mary Land 21	INTERVAL BETWEEN
ode		7.71	E OR CONDITION DIR	ECTLY		nchopneumonia		ONSET AND DEATH
nounc atten			LEADING TO DEATH		(A) BOOK	nengys Tskawby Holloplic Whollia	TOWNS AND WEST AND THE	A ALTONOMIA
			al mean the made of			Stroscrete etc	Tardiovesonia	En 4nyears
pro ular mba			asthenia, etc. It means plication which caused			Disease		
000			ANTECEDENT CAUSES		(B)			
A S O O		DISEASES C	R CONDITIONS, if	any, giving				
2			abave cause (A)	slaling the	(C)		0 00 00 00 00 00 00 00 00 00 00 00 00 0	
cian cian as ii ains		UNDEKLTING	CONDITION last,					
burns; (hysician was remains	z	OTHER SIGNI		ONTRIBUTIN		lerotic Cardi	ovascular Dise	23zdaysx
4 c c	0I	TO THE D	EATH BUT NOT RELA	TED TO TH	Acute Per			unknown
A Cia	CA		OPERATION 198. CON	DITION FOR		20A. AUTOPSY? (Yes	or No) 208. IF YES, WERE IN CERTIFYING CA	
0 +	ERTIF	2	WAS PERI	ORMED		Yes	Yes	USES OF DEATH?
	CE	21 A. ACCIDEN	T WAS UNDERLYING	211	R. PLACE OF INJURY (e.g.,	n of about 21 C. WHERE D	OID (If in Boltimor	e City, give exact location)
(2) o ph efor	AL		TING CAUSE OF medical exominer)	hor	ne, form, foctory, street, c	office bldg., INJURY OCCL	J R?	
	DIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21E HOW DE	D INJURY OCCUR?	
natur ept w d (6) ained		OF INJURY	troom to by trees		nile At T Not Whi		D INJORI OCCUR.	
a de		(APPROX.)		W	ork At Work			
(exc); an		22. I certify	that (1) (this hospital	) attended t	he deceased from J	anuary 18th		nuary 21st 19 65,
		that (1) (we)	last saw the decease	d alive an	January 21s	t 19 65 o	nd that in (my) (aur) opi	nian death accurred on the date
spital spital leath) ust be		and have and	from the causes stat	ed abave. (	(Ma) (q1q) (fif hop)	view the bady after de	eath.	
ident of hospital o death) I must be		23A. SIGNATU	RE					23 B. DATE SIGNED
ccident a hospi to dea al must			p		M.D. Att	ending Med. Director	Stoff Phys.	1/21/65
acc a b or to		23C.PHYSICIA	NS STADE	11. 1.	(6	20D ADDRESS		
An ac prior pprov				My M	M.D.		inistration Ho	
shows: (1) An a was D.O.A. at a deceased prior written approv	24A	ANASTAC		24C. N	AME of CEMETERY OF CR			Balto •, Md 21218 ity, town, or county) (Stote)
(C) O D E		REMOVAL (	ipecify)					,,,
WS Beat	0.00	BURIAL			LTO. NATIONAL		BALTIMORE, MD.	
shows: (1) was D.O.A deceased written ap	25A		IAN 9 & 1065		OF REGISTRAR	25C. FUNERAL DIRE	CIOR	ADDRESS
8 O S N		1	JAN 26 1965	Robert	C, Valley M.A	LEONARD	J. RUCK, INC.,	BALTO., MD. 21214

VS 150-REV. 1/1/65

Letter from Vet. Admn. Hospital 6-7-65 M.H.

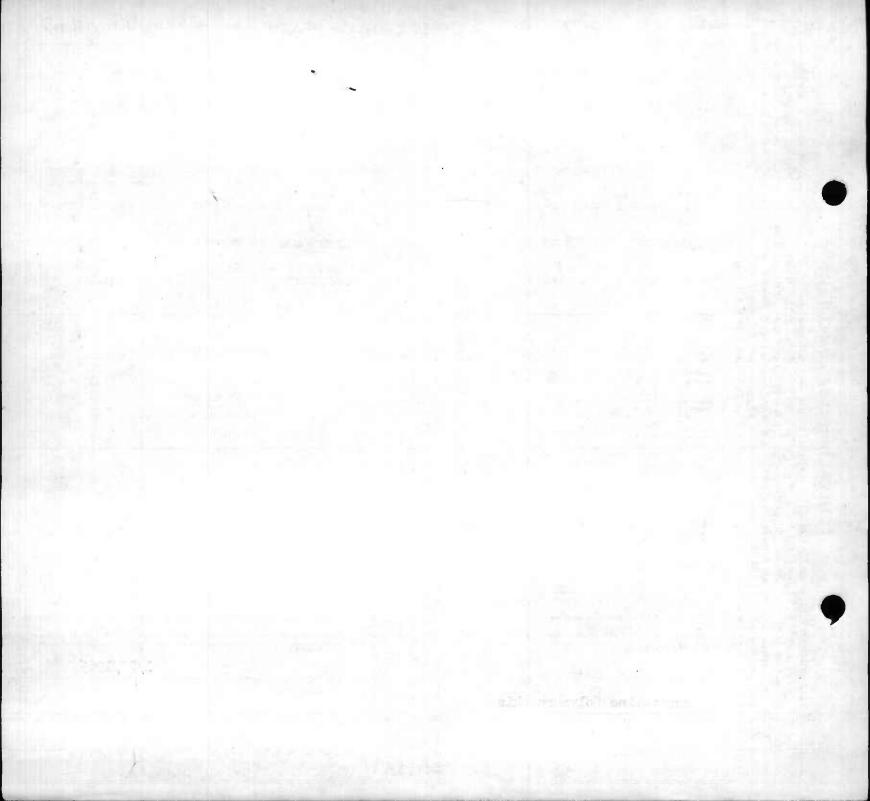
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

the body was released to the hospital by a medical examiner.

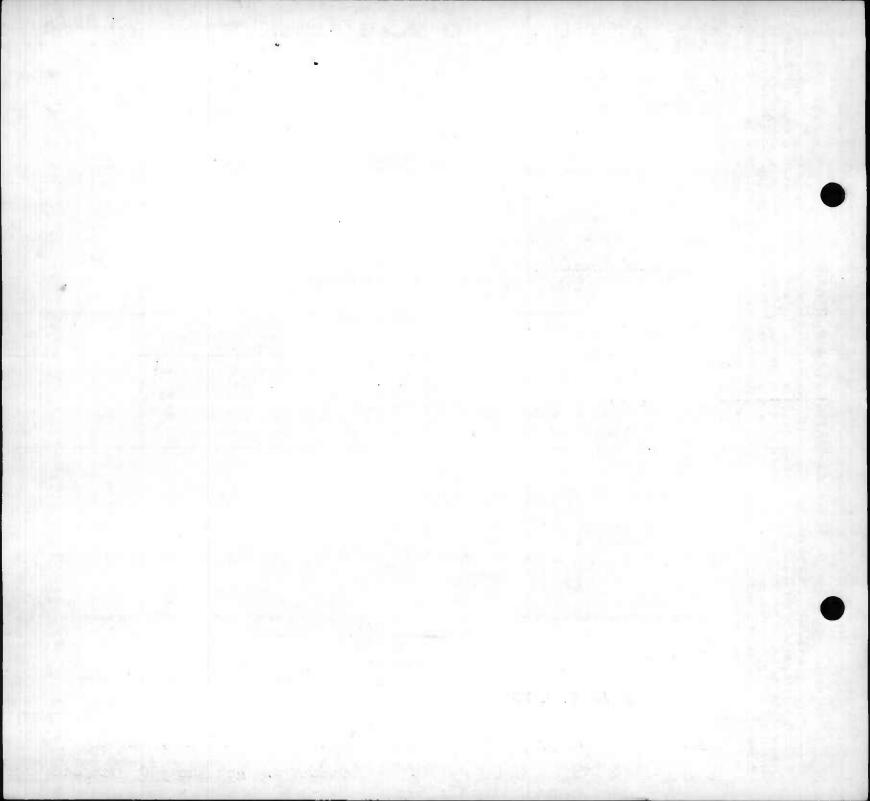
BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 65 0867	CERTIFICATE O	F DEATH Register	red No. 65 0867
M.E. CASE NO.  1. NAME OF DECEASED  (Type of Print)  (Type of Print)  (Type of Print)	ward P.	2. DATE AND HOUR OF	DEATH 65 12:30 Pa
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	A. STAT	L RESIDENCE (Where deceased in B. COUNTY	ved. If institution: residence before admissio
HOSPITAL OR oddiess or location)	c. CITY	OR TOWN (Il outside city limit	s, write RURAL and give township)
Bonsecour Hosp	17A1 D. STRE	1 Borsuch (	Ove #18
MALE White 7.M	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify)	OF BIRTH 9. AGE (In your last birthday)	Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10B, I lone during most of working life, even if retired)		PLACE (State or foreign country)	12, CITIZEN OF WHAT COUNTRY?
3. FATHERS NAME	14. MOT	HERS MAIDEN NAME	m. Dougld
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give was as dates of states)	M		ADDRESS
18. / 6 3 X I	CAUSE OF DEATH	5 MARGARE	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il ony, rise to the abave couse (A) stolic UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTENTS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT,	IBUTING TO THE		
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	ED		ING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in or obout home, form, foctory, street, office bldg., etc.)	21C. WHERE DID (If in INJURY OCCUR?	Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Yeo) (Ho OF INJURY (APPROX.)	While At Nork At Work	21F. HOW DID INJURY OCCUR	
22. I certify that (I) (this hospital) attention (I) (we) lost sow the deceased all and hour and from the causes stated gi	ve on January 22 19	65 ond that in (my) (	January 22 1965 our) opinion dooth occurred on the do
23A. SIGNATURE	2 1		23B, DATE SIGNED
23C. PHYSICIANS NAME (Type) Constanting Polysphysics	ychtorogen Phys. 23D. ADD	Med. Staff Phys. X	1/22/1965
Constantine Polychrona  24A (Surial Cremation, 24B. Date /-25-65  25A. Date rec'd by Health Dept. 25B.	24C. NAME OF CEMETERY OF CREMATORY	24D, LOCATION  PARK BAL  FUNERAL DIRECTOR	(City, town, or county) (State)

JAN 26 1965 VS 150-REV. 1/1/65



RET NO.  MAC CASE NO. 55 (1) 868  CERTIFICATE OF DEATH Registered No.  D. SORE AND HOUR OF DEATH (Type or Print)  S. PRACE OF DEATH IN BALTIMORE, MARILAND  JUL NAME OF HIS AND HOUR OF INSTITUTION  MOSPITAL OR  S. SER  S. RACE  T. MASBIED, NEVER MARINED  S. SER  S. RACE  T. MASBIED, NEVER MARINED  TO. USUAL OCCUPATION(Give lind of work) [Os. Kind of Fusiones of No.  TO. USUAL OCCUPATION(Give lind of work) [Os. Kind of Fusiones of No.  TO. USUAL OCCUPATION(Give lind of work) [Os. Kind of Fusiones of No.  TO. USUAL OCCUPATION(Give lind of work) [Os. Kind of Fusiones of No.  TO. USUAL OCCUPATION(Give lind of work) [Os. Kind of Fusiones of No.  TO. USUAL OCCUPATION(Give lind of work) [Os. Kind of Fusiones of No.  TO. USUAL OCCUPATION(Give lind of work) [Os. Kind of Fusiones of No.  TO. USUAL OCCUPATION(Give lind of work) [Os. Kind of Fusiones of No.  TO. USUAL OCCUPATION(Give lind of work) [Os. Kind of Fusiones of No.  TO. USUAL OCCUPATION(Give lind of work) [Os. Kind of Fusiones of No.  TO. USUAL OCCUPATION(Give lind of work) [Os. Kind of Fusiones of No.  TO. USUAL OCCUPATION(Give lind of work) [Os. Kind of Fusiones of No.  TO. USUAL OCCUPATION(Give lind of work) [Os. Kind of Fusiones of No.  TO. USUAL OCCUPATION(Give lind of work) [Os. Kind of Fusiones of No.  TO. USUAL OCCUPATION (Give lind of Work) [Os. Kind of Fusiones of No.  TO. USUAL OCCUPATION (Give lind of Work) [Os. Kind of Work) [Os. Kind of Work) [Os.  TO. USUAL OCCUPATION (Give lind of Work) [Os.  TO. USUAL OCCUPATION (Give lind of Work) [Os.  TO. USUAL OCCUPATION [Os.  TO. TO.  TO.
I. NAME OF DECEASED
FULL NAME OF MOSPITAL OR address or location oddess or location and address or location address or locatio
HOSTITUTION  The Winner Members of Icolian)  The Winner Members of Icolian (If outside sity limits, write RURAL and give township)  The Winner Members of Icolian (If outside sity limits, write RURAL and give township)  The Winner Members of Icolian (If outside sity limits, write RURAL and give township)  The Winner Momens of Icolian (If outside sity limits, write RURAL and give township)  The Winner Momens of Icolian (If outside sity limits, write RURAL and give township)  The Winner Momens of Icolian (If outside sity limits, write RURAL and give township)  The Winner Momens of Icolian (If outside sity limits, write RURAL and give township)  The Winner Momens of Icolian (If outside sity limits, write RURAL and give township)  The Winner Momens of Icolian (If outside sity limits, write RURAL and give township)  The Winner Momens of Icolian (Icolian outside sity limits, write RURAL and give township)  The Winner Momens of Icolian (Icolian outside sity limits, write RURAL and give township)  The Winner Momens of Icolian (Icolian outside sity limits, write RURAL and give township)  The Winner Momens of Icolian (Icolian outside sity limits, write RURAL and give township)  The Winner Momens of Icolian outside sity limits, write RURAL and give township)  The Winner Momens of Icolian outside sity limits, write RURAL and give township)  The Winner Momens of Icolian outside State of Icolian (Icolian outside sity)  The Winner Momens of Icolian outside State of Icolian (Icolian outside sity)  The Winner Momens of Icolian outside State outside
S. SEK   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTY   9. AGE (in years industry)   10. Under 1 Yr.   11 Under 24 Hrs.   10. Under 25 Hrs.   10. Under 25 Hrs.   10. Under 25 Hrs.   10. Under 25 Hrs.   10. Under 27 Hrs.   10
S. SEK   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTY   9. AGE (in years industry)   10. Under 1 Yr.   11 Under 24 Hrs.   10. Under 25 Hrs.   10. Under 25 Hrs.   10. Under 25 Hrs.   10. Under 25 Hrs.   10. Under 27 Hrs.   10
13. JOA USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or loreign country)    12. CITYEN OF WHAT COUNTRY?
CAUSE OF DEATH   CAUSES   CAUSE OF DEATH   CAUSES   CONDITION   For my giving rise to the obove couse (A) stating the UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   15. West Deceased Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT   ADDRESS   17. INFORMANT   ADDRESS   18.   19.
15. Was Decessed Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT   ADDRESS   18. SECURITY NO.   17. INFORMANT   ADDRESS   18. SECURITY NO.   17. INFORMANT   ADDRESS
CAUSE OF DEATH   INTERVAL BETWEEN ONSET AND DEATH   LADING TO DEATH   CAUSE OF DEATH   CA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heat failure, ostheric, etc., II means the disease, injury at camplication which caused deoth,)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OR CONTRIBUTING CAUSE OF DEATH?  OR CONTRIBUTING CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING OR WHICH OPERATION OR CONTRIBUTING CAUSES OF DEATH?  OR CONTRIBUTING CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH?  OF INJURY OCCUR?  OF INJURY OF INJURY OCCUR?
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heath foliuse, osthemo, etc. It means the disease, injury at camplication which caused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
injuly at camplication which caused deeth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  UNDERLYING CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  UNDERLYING CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  UNDERLYING CAUSE OF CONDITION CAUSING IT.  OR CONTRIBUTING CAUSE OF CONDITION CAUSE OF DEATH?  OR CONTRIBUTING CAUSE OF CONDITION CONTRIBUTING CAUSE OF DEATH?  OR CONTRIBUTING CAUSE OF CONDITION CONTRIBUTING CAUSE OF DEATH?  OF INJURY OCCUR?
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.    Condition   Condi
UNDERLYING CONDITION lost.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No.)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITIONS CONSIDERED   10 CERTIFYING CAUSES OF DEATH?    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITIONS CONSIDERED   10 CERTIFYING CAUSES OF DEATH?    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITIONS CONSIDERED   10 CERTIFYING CAUSES OF DEATH?    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITIONS CONSIDERED   10 CERTIFYING CAUSES OF DEATH?    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITIONS CONSIDERED   10 CERTIFYING CAUSES OF DEATH?    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITIONS CONSIDERED   10 CERTIFYING CAUSES OF DEATH?    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITIONS CONSIDERED   10 CERTIFYING CAUSES OF DEATH?    OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUT
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID 10R CONTRIBUTING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID 10R CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED (AT Work AT WO
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? (If in Boltimore City, give exact locotion) home, form, foctory, street, office bldg., INJURY OCCUR?  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURED While At Work 1 Not Work 1 Not While At Work 1 Not
21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact locotion) home, form, foctory, street, office bldg., INJURY OCCUR?  DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURED (APPROX.)  While At   Not While   Not While   Not Work   Not W
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED (APPROX.) While At Not While At Work 22. 1 certify that (2) (this haspital) attended the deceased from 1/2/ 1965 ta 1/22/ 1965.
that (b) (we) last saw the deceased alive an
23A. SIGNATURE.  Wilham B. Lory M.D. Attending Med. Stoff Phys. Director Phys. 1/2 2/65
23C. PHYSICIAM'S NAME WYPELIAM B. LONG M.D. The Union Memorial Hospital
24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
(remation 1/25/65 Green Mount Cemetery Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS  JAN 26 1965 Relief E. Farley M. Leonard J. Ruck Inc 5305 Harford Road



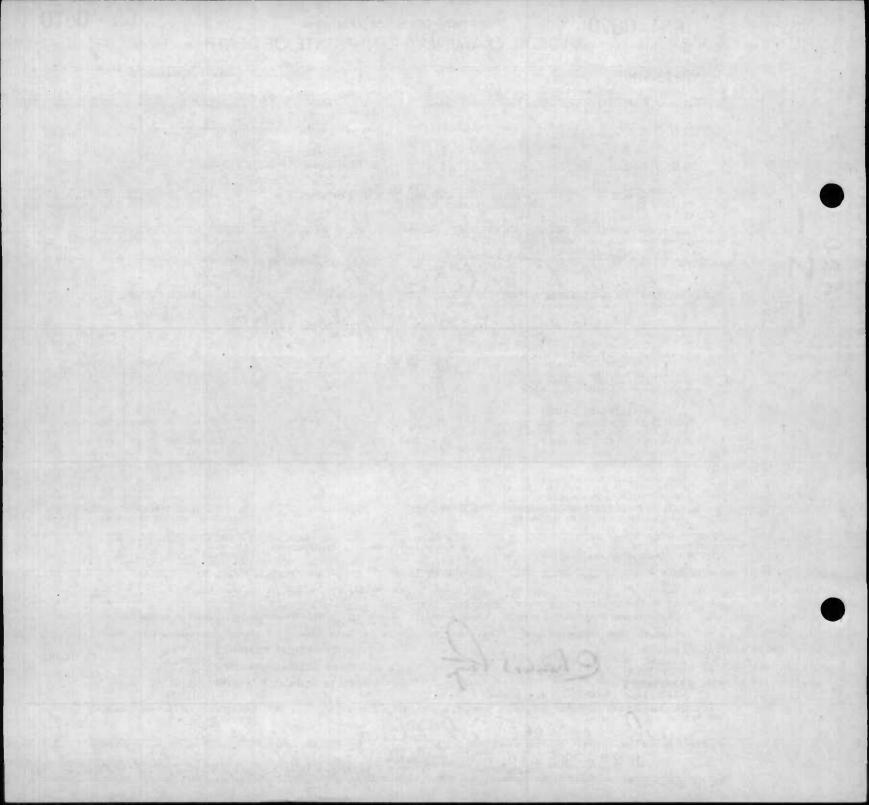
michael maistro

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

	65 0869	BALTIMORE CIT	Y HEALTH DEPARTMENT		0000
BIRTH I		CERTIFICA	ATE OF DEATH	Registered No.	65 0869
1. NAN	TE OF DECEASED  PriMICHAEL MAIST	ROS	2. DATE AND	HOUR OF DEATH	1-22-65
3. PLA	CE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where d	eceosed lived. If instit	ution: residence before admis
FUL	L NAME OF (If not in hospital	or institution, give street	MARYLAND		1-01
HOS	SPITAL OR oddress or location		C. CITY OR TOWN (If outside		AL and give township)
	THE JOHNS HOPKI	NS HOSPITAL	BALTIMORE CI		
	THE COMMO HOLKI	NO HOSE LIAL		l, give location)	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED		LWCOD AVE	f Under 1 Yr. If Under 24
MAI	LE WHITE	MARRIED (specify)	5-27-93 lost	//	f Under 1 Yr. If Under 24 Ionths Doys Hours Mi
	SUAL OCCUPATION (Give kind of wor tring most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign	country)	2. CITIZEN OF WHAT COUNTRY?
A.	Manager	Restaurant	Chios, Greec	e	U.S.A.
13. FAT	THER'S NAME		14. MOTHER'S MAIDEN NAME		
G	EORGE MAISTROS		Angela Capa	rus	
15. Was	s Deceased Ever in U. S. Armed Fo	rces? 16. SOCIAL	17. INFORMANT		ADDRESS
A	orunknown) (If yes, give wor or dot	es of service) SECURITY NO.	Mrs. Artemis Ma	1stros,	1.4.1
1B.	Vo I	A72-16-7/47	140 S. Ellwood	Ave, Bal	INTERVAL BETWEEN
10.	72011		DF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DI	RECTLY	M	1 (-	1. 10
(TI	his does not mean the mode of	dying, e.g., DUE TO	Myocardin	1 nfarc	1 con 1 CX
	art failure, asthenia, etc. It means		,	V	
ini	ury ar complication which coused	death.)			
	ANTECEDENT CAUSES	IB)			••••••
DI	SEASES OR CONDITIONS, if	any, giving			
	e to the obave cause (A) NDERLYING CONDITION last.	slating the (C)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		***************************************
-	- 11				
Z O	THER SIGNIFICANT CONDITIONS	CONTRIBUTING	1)		
ATIO	O THE DEATH BUT NOT REL	ATED TO THE	Pone		
U 19/	A DATE OF OPERATION 198. CON	IDITION FOR WHICH OPERATION	20A. AUTOPSY? [Yes or No.] 2	OB. IF YES, WERE FINE	DINGS CONSIDERED
RTIF	pour master	TORNED		V CERTIFIENG CAUSE	3 OF DEATH:
U 21/	A. ACCIDENT WAS UNDERLYING		in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(It in Boltimore C	ity, give exact location)
	ATH (notify medical examiner)	NO etc.)	— — — — — — — — — — — — — — — — — — —		
0 211	D. TIME (Month) (Doy) (Year)	(Hour 21E INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
>	PPROX.)	White At   Not Wh	ile		
		Work At Work		, _	1
22.	. I certify that (I) (this hospita	I) attended the deceased fram	1/22-19	6 J 10	1/22 19 0
the	at (I) (we) last saw the deceas	ed alive an // 7	19 6 and that	n(my) (aur) aplnia	n death accurred an the
an	d haur and fram the causes sto	ited above (1) (We) (did) (did nat)	view the bady after death.		
	A. SIGNATURE	1/1//		23	B. DATE SIGNED
	WI	Kalakar M.D. A.	tending Med. Sto ys. Director Phy	H N	1/22/
230	C. PHYSICIAN'S		ys. Director Phy 23D. ADDRESS	/ (X1)	1 / 201
	NAME (Type)	P. Kakkamo	11 0	Whi	-
244 5	UNIAL COMPANY TO THE PARTY TO T	1 COLLO	yours	NAJ.	turs
24A. B	URIAL CREMITION, 24B. DATE	24C. NAME of CEMETERY OF C	1 (1/1 12.	. 1/	town, or county) (Sto
E	Burial 1-25-	65 Greek Orthod	lox cemetery but	timore, 1	1d.
25A. D	ATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	into hand	ADDRESS
	LAN OR 10CE	Robert E. Farley M.A.	Nichelas T. Mo	tohens,	Rolt, more, Md. a
/E 160	PSY 1/1/2 AN A D 1300	VIQUE -	JUNE LASIK	or 11 Miley D	STUTING C. THILL

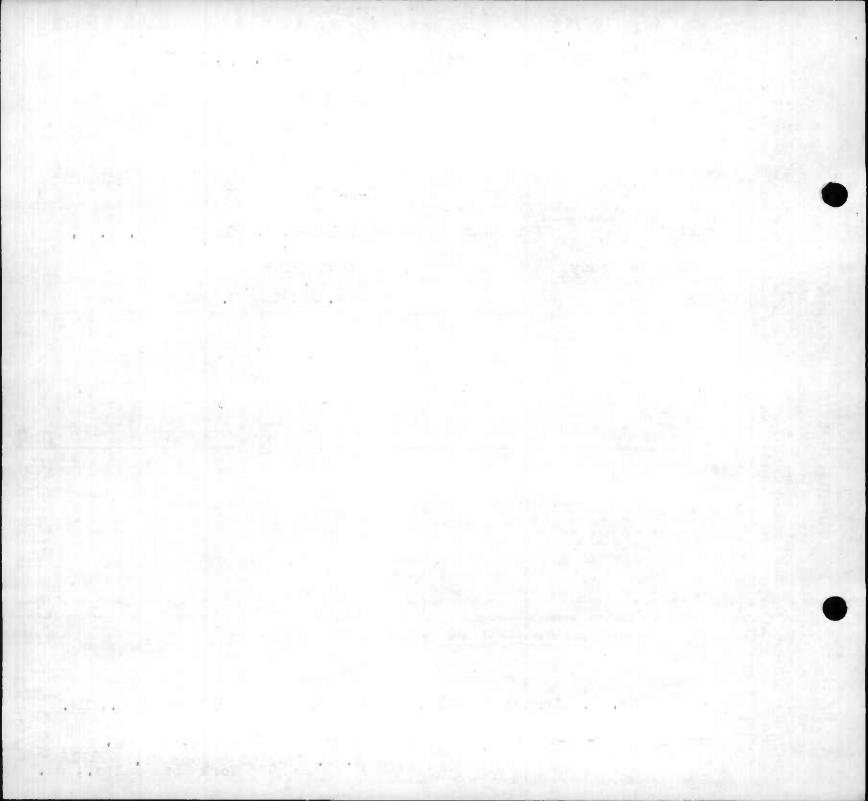
The same of the same of

M.E. CASE NO. 59396	
1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD	7 00 i
SAMUEL PORTS ( - January 24, 1905	5:30 A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. UMAL RESIDENCE (Where deceased lived. If institution: resider A. SYATE Maryland	nce before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and	give township!
NSTITUTION Baltimore 2/	0
South Baltimore General Hospital D. STREET ADDRESS (If wool, give locofion)	
1242 Cleveland Street	
	Yr. If Under 24 His.
Male White Manuel 12-30-27 37	
10A. USUAL OCCUPATION (Give kind of work 10B KND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN WHAT	
Foreman Vainting M.d.	u SII
3. FATHER'S NAME	
15, WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL 17, INFORMANT ADDRESS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown! (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	
Jes 1946 215226608 Vailenl Volts about	
	NTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Craniocerebral Injury.	
(This does not meon the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease.	
injury or complication which caused death.	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
<u>É</u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONDITION WAS PERFORMED  WAS PERFORMED	
ies	yes
UNDERLYING TOR CONTRIB-	
7	St. 0 1-02
OF INJURY	
(APPROX.) 1 22 '65 P.m. WHILE AT NOT WHILE X Driver of auto into parked by	ox car.
I certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my aplnian	
resulted fram: Natural causes Accident & Suicide Hamicide Undetermined manner	
CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE Charles Setty M.D. ASSISTANT MEDICAL EXAMINER	1/24/65
EXAMINER'S NAME (Type) Charles S. Petty, M.D. ASSOCIATE MEDICAL EXAMINER	1/21/05
23A, EDRIAL CREMATION 23B DATE 23C, NAME of CEMETERY of CREMATORY 23D, LOCATION (City, lown, of col	unty) (Stote)
REMOVAL (Specify)	1. Wal/
24A. DATE REC'D BY HEALTH DEPT.   24B. NAME OF REGISTRAR   24C. FUNERAL DIRECTOR AD	DRES6
JAN 26 1965 P. Ose, & E. Farley M. A. Q.O. O. P. and of Con Sucre	S. of 1, 0
July Cowan Silon	Dally my
VS 151-REV. 1/1/65 / 8-	9

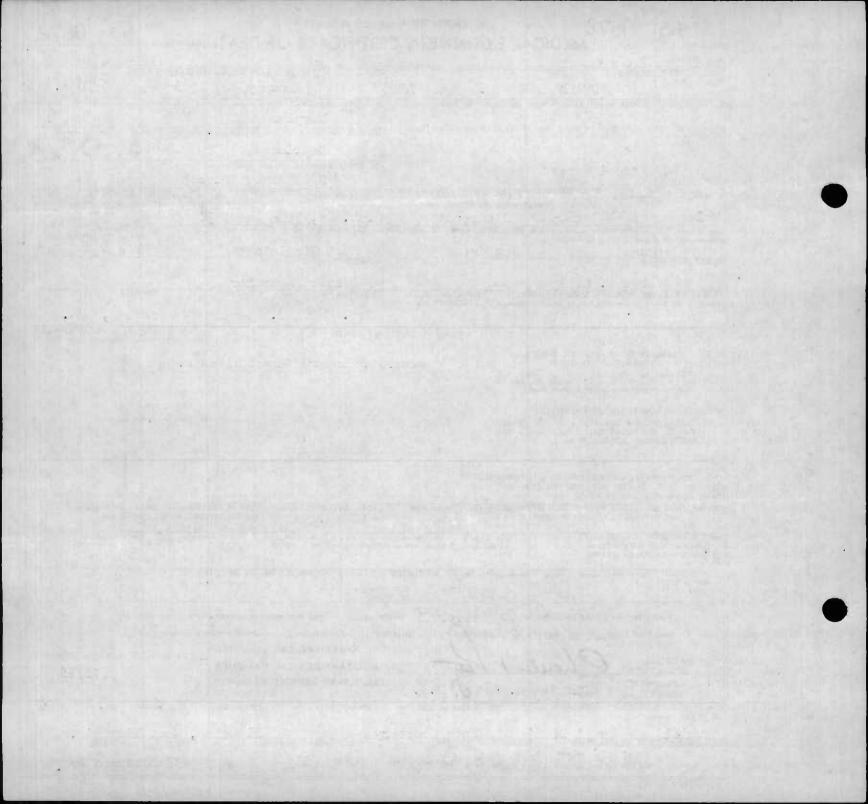


FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

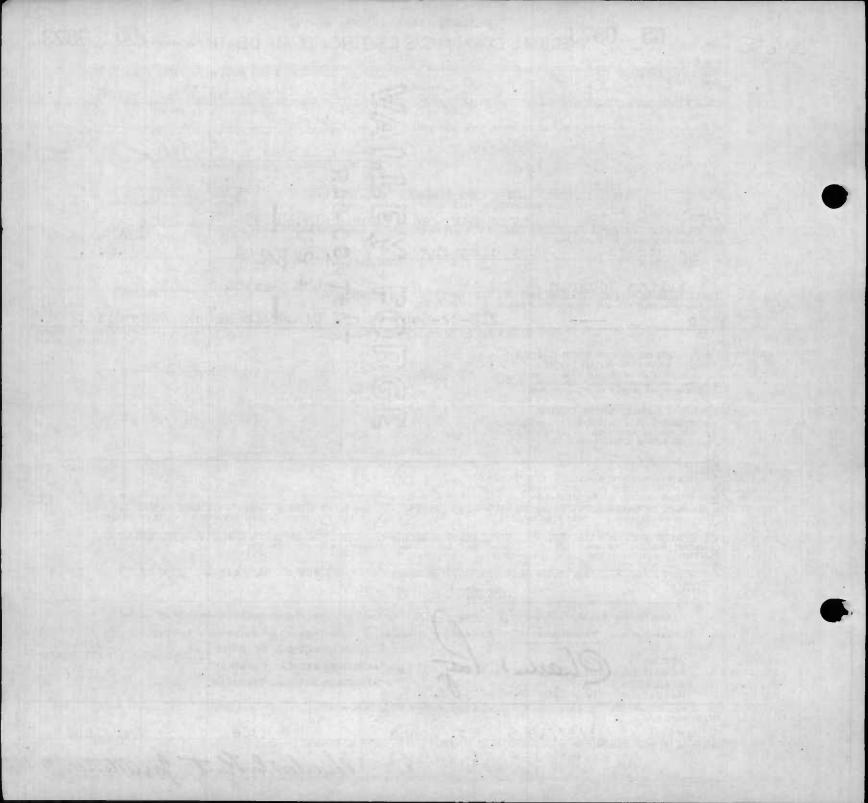
		BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO.	NO.	CERTIFICA	ATE OF DEATH Registered No.	
1. NAME C	of DECEASED Susan	Roddy Herzer	Jan. 24, 1965	1 2 A
	AL OR address or lace TION	tal ar institution, give street tion)	4. USUAL RESIDENCE (Where deceosed lived. If in A. STATE B. COUNTY Maryland c. CITY OR TOWN (If autside city limits, write I Baltimore	27-12-
	202 Upnor Ro	oad	202 Upnor Road	
S. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years last birthdoy)  79	If Under 1 Yr. If Under 24 H Manths Doys Hours Min.
lone during Iouse 3. FATHER	most of working life, even if retired Wife RS NAME		Baltimore, Maryland 14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY?  U. S. A.
	rnard Roddy		Susan Lally	
Yes, no or u	eceased Ever in U. S. Armed unknawn) (If yes, give wor ar d	Farces?   16. SOCIAL   SECURITY NO.	Mrs. Shirley H. Feldm	nan Same
heori injury DISEA rise UNDI	DISEASE OR CONDITION LEADING TO DEAT does not mean the made foilure, osthenio, etc. It mea or complication which caus  ANTECEDENT CAUS ASES OR CONDITIONS, i to the obove cause (A ERLYING CONDITION tost.  II R SIGNIFICANT CONDITIONS THE DEATH BUT NOT RI ASE OR CONDITION CAUSIN.	of dying, e.g., and the disease, sed death.)  SES  If ony, giving the control of	rebrat variation accident	16 hour
PASID OTHE OTHER O	ATE OF OPERATION 198. CO	ONDITION FOR WHICH OPERATION PERFORMED	20A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CO	CCIDENT WAS UNDERLYING DNTRIBUTING CAUSE OF I (notify medical examinet)	218. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	in ar about 21 C. WHERE DID (II in Baltimore bldg., INJURY OCCUR?	e City, give exact lacation)
21 D. TI OF IN	JURY	ar) (Haur) 21 E. INJURY OCCURRED  While At Nat Wark  At Wark	21F. HOW DID INJURY OCCUR?	
that ( and h 23A. SI	I) (we) lost sow the deceder our and fram the couses signature  HYSICIAN'S AME (Type)	osed olive an	tending Med. Staff ys. Phys. 23D. ADDRESS	23B. DATE SIGNED
24A. BURIA	Dr. C. Ri	Chard Fravel M.D.	Medical Arts Building	ty, town, or county) (State)
Buri		1965 Loudon Park C	emetery Baltimore,	Md .
	JAN 2 6 1965	070	H. W. Jenkins & Sons 4905 York Ros	ad Balto., Md.



BIR	CO .	ME	DICAL EX	AMINER'S C	ERTIFICA	TE OF D	DEATH Registe	CO No.	0872
M.	E CASE NO.	59388							
	NAME OF DE	CEASED EDWARD	C	LILI	LY		y 23, 1965		4:30 A.
3.	PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOU	INCED DEAD	4. USUAL RESID	DENCE (Where	deceased lived. It inst	litution: residen	ce befare admission
511		UE NOT IN HOS	DITAL OR INICTITI	TION CIVE STREET	Ma Ma	aryland	8. 000	JINTS	
IHC	SPITAL OR	ADDRESS OR LO	CATION)	ITION, GIVE STREET	C. CITY OR TO	WN (If autside	carporote limits, write	RURAL ond	give tawnship)
114	SILLOHOIA				Ва	altimore		- O	07
	3909	Pascal Stre	et		D. STREET ADD		give location) al Street		
5.	SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	Н	9. AGE (In years lost birthday)	If Under 1 Months Da	Yr. If Under 24 Hrs.
M	ale	White		rorced	Oct. 28.	. 797/	50		
10/	LUSUAL OCC		wark TOB. KIND OF	BUSINESS OR INDUSTRY			n country)	12. CITIZEN	OF COUNTRY?
dar	Salesn	warking life, even if retire กลา		Cream	West V			77 (3)	A
13.	FATHER'S NA		1 200	OL COM.	14. MOTHER'S M				
	Geo	orge E. Lill	77		Lizzie	e Shoema	ter		
	WAS DECEAS	ED EVER IN U.S. ARA	ED FORCES?	16. SOCIAL	17. INFORMANT	O DITOOMA	recr	ADDRESS	
(Ye	NO ar unknows	(If yes, give war or o	dotes of service)	SECURITY NO.	Mrs. Car	rol J. S	temple F	asadena	, Md.
	1B.	10.0		CAUSE	OF DEATH				TERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY						NSET AND DEATH
		LEADING TO DEA	ATH	(A) Arter	iosclerot	ic Hear	t Disease.		
	(This does heart failure	not meon the mode e, osthenio, etc. It me implication which caus	of dying, e.g.,	DUE TO	2000 n o 2000 de 200 a de 200 de 200 n 200 de				
	injury or co	implication which caus	ed death.)						
		ANTECENDENT CA		(8)					
	DISEASES RISE TO TH	OR CONDITIONS, I	F ANY, GIVING	DUE TO					
	UNDERLYI	NG CONDITION LA		(6)					
O				(C)				***************************************	
CERTIFICATION	OTHER SIG	II SNIFICANT CONDITIO	NS CONTRIBUTION	NG					
임	TO THE	DEATH BUT NOT	RELATED TO T						
RT	19A. DATE O	F OPERATION 198. C		WHICH OPERATION	20A. AUTOPSY	Y? (Yes or No)	20 B. IF YES, WERE FI	NDINGS CON	SIDERED
ü	0	WAS	PERFORMED		N	0	IN CERTIFYING CAU	SES OF DEAT	H?
₹	21 A. EXTERNA	L CAUSE WAS	218.	PLACE OF INJURY (e.g.,	in or about 21C.	WHERE DID	If in Baltimare City, g	ive exoct local	tian)
EDIC	UNDERLYING UTING CAL	OR CONTRIB-	home etc.)	, farm, foctory, street,	office bldg., INJUR	Y OCCUR?			
ME	21D TIME	(Month) (Day) (	Yeor) (Haur) 2	1E. INJURY OCCURRED	215 H	OW DID INJU	IRY OCCUP?		
	OF INJURY	(Notionin) (Day) (				OW DID III	AL OCCOR.		
			m. V	VHILE AT NOT	WHILE ORK				
	22. 1 cei	rtify that I held an	Inquiry 🗌	Inspection X Au	tapsy an	d that an thi	s basis, death in i	my apinion	
	resu	Ited fram: Natural	couses X	suicid	e Homic	ide \	Indetermined mann	er n	
		~ /		1		EDICAL EX			
	ACTUA		c.11. 1	luci M.D.	ACCICTANT		Perm		DATE SIGNED
	SIGNAT	TEDIC .	cares.	<u></u>	ASSOCIATE A			]	1/23/65
	NAME	(Type) Chai		ett, M.D.					76
	A. BURIAL CRI MOVAL (Speci		23	C. NAME OF CEMETERY	OF CREMATORY	23 D. L	OCATION (City	, town, ar caus	nty) (State)
	Burial	1 2	6 65	Knob Cemeter	rv	F	ipestem, We	est Vire	rinia.
24		BY HEALTH DEPT.		OF REGISTRAR	24C. FUNER	RAL DIRECTOR		ADI	DRESS
		JAN 26 196	5 R. O. B	E. Janker M.A.	Mc C1	illy	237	Patans	CO ATTO

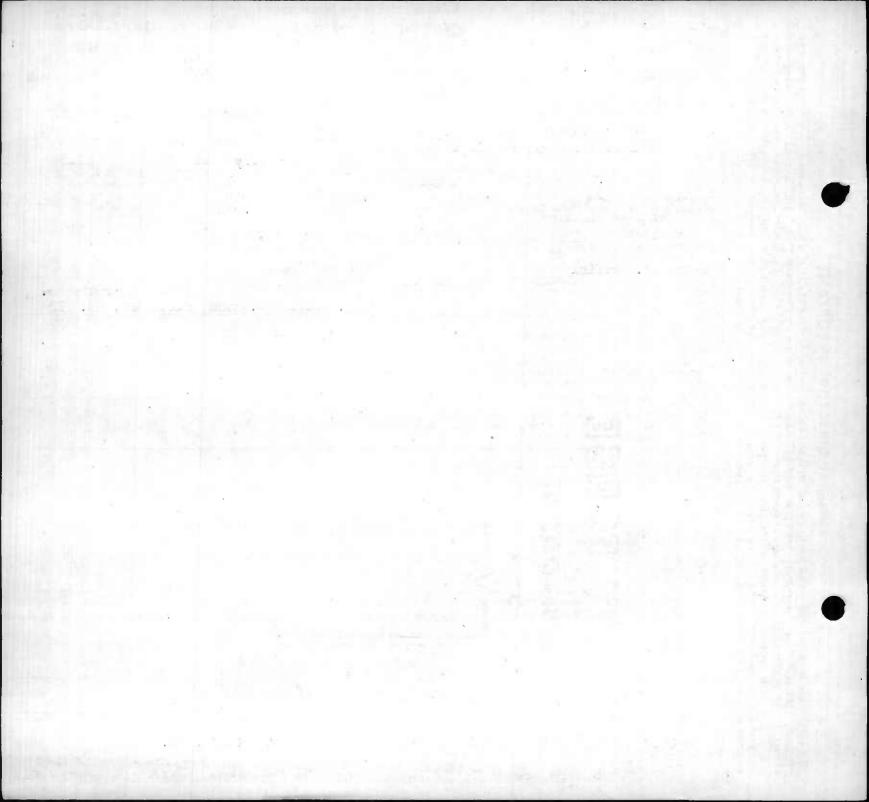


BIRTH NO.	65 087 MED	ICAL EX	AMINER'S CI	ERTIFICAT	E OF I	DEATH Regist	ered No.65	0873
M.E. CASE								
Type or Pri	DF DECEASED	D				D HOUR PRONOUNC		
	MARY	В.	COCHRAN			ry 23, 1965		00 P.M.
3. PLACE I	N BALTIMORE, MARYLAND, V	VHERE PRONOU	NCED DEAD	A. STATE		deceosed lived. If ins B. CO	stitution: residence UNTY	befare admission)
FULL NAM	E OF (IF NOT IN HOSPI	TAL OR INSTITU	TION, GIVE STREET		yland	e corporate limits, wri	to PITPAL and aim	o township)
HOSPITAL	OR ADDRESS OR LOC	ATION)				e corporore minis, wit	17	1
77					timore		1 1	9
Un:	ion Memorial Hos	pital		D. STREET ADDR				
5. SEX	l6. RACE	7 444 00150	NEVER MARRIED	8. DATE OF BIRTH		h Street	[16]]]-J ] V	If Under 24 Hrs.
			IVORCED (specify)	o. DATE OF BIRTY		9. AGE (In years lost birthday)	Months Doys	Hours Min.
Female	1111200	Never	married	April 15	189			
	OCCUPATION (Give kind of wo most of working life, even if retired)		BUSINESS OR INDUSTRY	III. BIRTHPLACE	State or toreig	n country)	12. CITIZEN OF	UNTRY?
	mstress	Dry cl	eaning	Hess, 1			U.S.	A .
13. FATHER	S NAME			14. MOTHER'S MA	AIDEN NAM	E		
Wi	lliam Cochran		ALC UNITED STATES		ah Dal	ton	10. [11]	
	CEASED EVER IN U.S. ARME		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	21101
No		21	2-22-0469	Mrs. CI	lara I	sennock	Magnoli	
18.	6441			OF DEATH		- O O I I I I O O I I		RVAL BETWEEN
7	DISEASE OF COMPUTION P	Jacon V					ONSI	ET AND DEATH
	DISEASE OR CONDITION D	H	Arteri	oscleratio	Cardi	ovascular I	licasca	
(This hear	does not meon the mode of failure, osthenio, etc. It mean	f dying, e.g.,	DUE TO	OBCICIOCI	- Oat at	Ovasculatt	Tease	
injun	or complication which caused	deoth.)						
100	ANTECENDENT CAUS	ES						
	ASES OR CONDITIONS, IF		DUE TO			••••••		
	TO THE ABOVE CAUSE (A) ! DERLYING CONDITION LAST.							
Z			(C)		••••••			
ATI	1	CONTRIBUTION					444	
OT TO	ER SIGNIFICANT CONDITIONS THE DEATH BUT NOT R	ELATED TO TH	IE .					
H	ASE OR CONDITION CAUSIN		UICH OBERATION	Too a Alizonava		loop is use week		
S		REORMED	THICH OPERATION	1	(les of No)	IN CERTIFYING CAL		EKED
₹ 21 A E	TERNAL CAUSE WAS	218 8	LACE OF INJURY (e.g., i	NO No	HERE DID	IIf in Rollimore City	niun nunct Innation	
UNDER	LYING OR CONTRIB-	home,	form, foctory, street, o	ffice bldg., INJURY	OCCUR?	in in sommore ony, g	give exoci locollon.	
7								
OF INJ	URY	or) (Hour) 21	E. INJURY OCCURRED	21 F. H C	ITHI DID M	JRY OCCUR?		
(APPRO	(X,)	m. W	ORK NOT AT W	WHILE ORK				
22.	I certify that I held an	Inquieu 🗆	Inspection X Aut	apsy and	ahaa an ah	in handa danah da		
						is basis, death in		
	resulted from: Natural co	DUSES A	cident Suicide			Undetermined mann	ner	
A	CTUAL O		1/		DICAL EX		DA	TE SIGNED
	GNATURE (	illes )	1 cthy M.D.	ASSISTANT ME	EDICAL EX	CAMINER A	1 /	24/65
	XAMINER'S Charl	es S. Pet	ty DM.D.	ASSOCIATE MI	EDICAL E	XAMINER	1/	24/03
23A, BURIA	L CREMATION, 238, DATE	23C	NAME of CEMETERY o	CREMATORY	23 D. L	OCATION (City	y, town, or county)	(Stote)
Bur		1965	St Johns		TJ-	730	Monrel	and 1/
	REC'D BY HEALTH DEPT.		St. Johns	24C. FUNERA	L DIRECTOR	7de	Maryl	
	JAN 26 1965	A	& Faller M.A	11	1 . (	7/-	0	
	37/1 % 0 1303	hosen	C, 4000,	Char	les 6	. Hurl	Kerrelles	relle, 199
VS 151-RE	V. 1/1/65					1 1 9		7

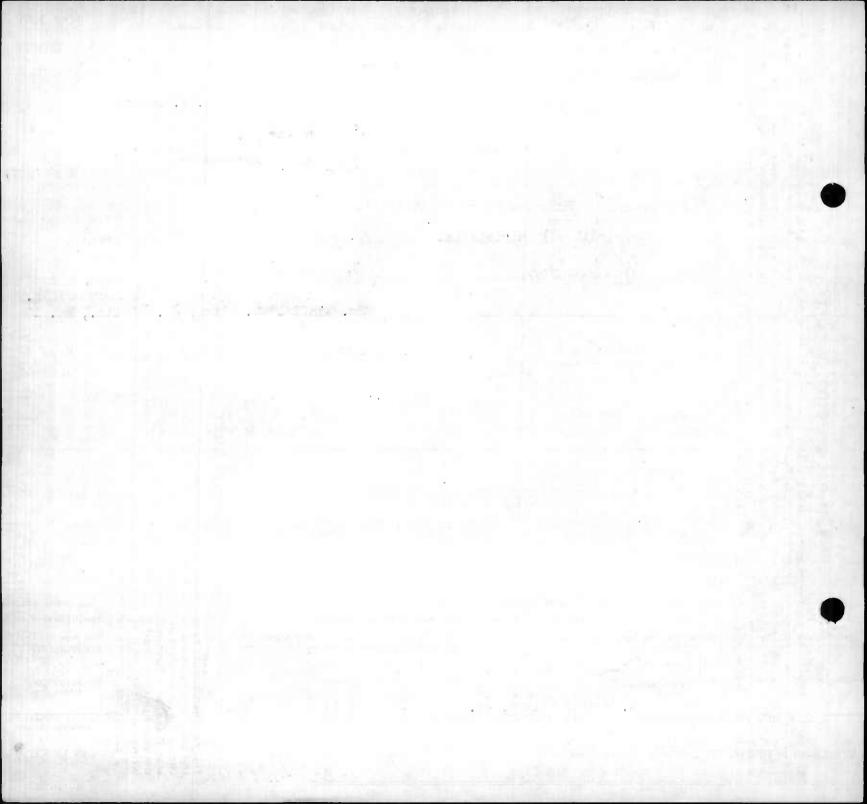


VS 150-REV. 1/1/65

	CE OPTA	BALTIMORE CI	TY HEALTH DEPARTMENT		00004
BIRTH NO.	65 0874	CERTIFIC	ATE OF DEATH	Registered Na.	65 0874
	DECEASED		2. DATE	AND HOUR OF DEATH	
(Type or Prin	Edna E. Bel	11	Jan	uary 23, 196	5
B. PLACE O	F DEATH IN BALTIMORE, M		4. USUAL RESIDENCE (W. A. STATE 8. COL	here deceased lived. If i	nstitution; residence before admi:
CILLI NIA	AAE OE (If not in bossit	al as institution and attack	Maryland	/	1201
HOSPITAL	OR oddress or locot	ol or institution, give street ion)		outside city limits, write	RURAL ond give township)
INSTITUTI	3902 Canterbu	ary Road	Baltimore,		
		aryland 21218	D. STREET ADDRESS	(If turo), give location)	
			3902 Canter	bury Road	21 218
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months: Doys Hours: M
Female		Widowed	6/14/1874	90	
		ork 10B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fo	preign country)	12. CITIZEN OF WHAT COUNTRY?
	ost of working lile, even if retired emaker	1	New York City	New York	WHAT COUNTRY:
13. FATHERS			14. MOTHER'S MAIDEN N	AME TOTA	
0	on A Confinal		Mantha Carris		
	ge A. Scofield	forces? 1 6. SOCIAL	Martha Cronk	•	ADDRESS
(Yes, no or un	known) (II yes, give wor or do	ofes of service) SECURITY NO.			2 Canterbury Rd.
			Mrs. William	A. Hahn Bal	timore, Md. 18
18. 4	143XI		OF DEATH	PIA	ONSET AND DEAT
D	LEADING TO DEAT	DIRECTLY	regestere Star	I Jailiere	12-18 hrs
(This d	oes not mean the mode	of dying, e.g., DUE TO	11 / 1 -L x		723
heort fo	ilure, asthenio, etc. It meor	ns the disease,	a percention		Traduction
injury o	r complication which couse	/ 1972	Torin deller	boro	21
DICEAC	ANTECEDENT CAUSI	DUE TO	May see 4 PET		//
	ES OR CONDITIONS, if the obove couse (A		Mysearchia		
UNDER	LYING CONDITION lost.		71		
7	- 11				
E TO TH	SIGNIFICANT CONDITIONS TE DEATH BUT NOT RE	LATED TO THE			
U ISEAS	E OR CONDITION CAUSING TE OF OPERATION 198. CO	ONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 20R IF VES WERE	FINDINGS CONSIDERED
19A. DA		ERFORMED			AUSES OF DEATH?
U 21A. AC	CIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.	, in or obout 21C. WHERE DID	(If in Boltimo	re City, give exact location)
<b>▼</b> DEATH	ITRIBUTING CAUSE OF	home, lorm, foctory, street, etc.)	office bldg., INJURY OCCUR?		
21D. TIM		or) (Hour) 21E. INJURY OCCURRED	21F, HOW DtD II	NJURY OCCUP?	
OF INJU	JRY	While At Not W	hile		
		Work At Wo	rk 🗀	17 A	
22. I ce	rtify that (1) (th <del>is hospit</del>	all) attended the deceased fram	may	1943 to Ja	u 15- 180
that (I)	(we) last saw the decea	sed alive an		that in (my) (our) ap	inion death accurred an th
and has	or and from the causes st	tated abave. (1) (We) (did) (did not)	view the bady after death	h.	
23A. SIG	NATURE	11.00	. ,		23B. DATE SIGNED
	10/11/	rody M.D. A	hys. Med. Director	Stoff Phys.	1-26-6
23C. PH1	VSICIAN'S ME (Type)		23D. ADDRESS	0	^
NA	VIE (Type)	M.I	0. 1403	Tou h	ONO BODTO
24A. BURIAL	CREMATION, 248 DATE	24C. NAME of CEMETERY OF C	1700	LOCATION (C	ity, town, or county) (S
REMO	VAL (Specily)			2.6	
Buri	al 1/26/	65 Druid Ridge Ce	eme tery Pi	kesville, Md	ADDRESS
LUA: DATE	JAN 26 1965	12 Po for & Star Dew M.D.	150 7 50	1.0 BA	Chimore, rid. 21
	טרווי אַ ט ווייטט	Alphan - , dans, in	ivm. J. Vickn	ex Lamo no	th + Pa, avent



	BALTIMORE CITY	HEALTH DEPARTMENT		65 0875
ыктн но. 65 0875	CERTIFICA	TE OF DEATH	Registered No.	00 0073
M.E. CASE NO.  1. NAME OF DECEASED	2 1 7	2. DATE ANI	D HOUR OF DEATH	17
Deverson Miss &	dith Kebe	cca hum	-11 111-10	15 5-30
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	01111 1 000	14, USUAL RESIDENCE (Where	e eccosed lived. If inst	litution: residence before admission)
		A. STATE B. COUNT	7,	
FULL NAME OF (If not in haspital or institution, g	jive street	Mory land	A. A. C	
		C. CITY OR TOWN (If outs	side city limits, write RL	JRAL and give township)
Keswich Hon 700 West 402	ne	Annapolis	120	32-10
700 410 + 400	h street	D. STREET ADDRESS	ural, give location)	
100 Was 1		301 Wilson R	nadio 27	
	NEVER MARRIED	8. DATE OF BIRTH	. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
I was all look into	), DIVORCED (specify)	No1-10-1002	ost birthday)	Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign	In country)	12. CITIZEN OF
dane dyring most of working life, even if retired)		2	jii caaniiy/	WHAT COUNTRY?
Becretary (retired) Minis	terial	Baltimore 1	aruland	11.5H
3. FATHERS NAME		14. MOTHERS MAIDEN NAM		
Stal Wid &		4 . 17	m.	
5. Was Deceased Ever in U. S. Armed Forces?	1 4 405141	Tannie 11.	Thurse	
res, no or unknown) (If yes, give war ar dates of service)	SECURITY NO.	17. INFORMANT	7	ADDRESS
No		W- W	TO LO Y	4 Longwood Rd.
18.	CAUSE O	Mr. Winfield S	. Intch, Jr.	Balto Md 10
33-21	0,002 0			ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ro	0 0 0 0		16.
(This does not mean the made of dying, e.g.,	(A) /JCC	strick even el	- Juliano	1 (2) (2)
hearl failure, asthenia, etc. It means the disease,	505 10		0	
injury or complication which caused death.)	C 0	040. 0 .	4 0 AL	1 2 to 17.
ANTECEDENT CAUSES	DUE TO	at I compare to	11, soll nous	yresses / month
DISEASES OR CONDITIONS, if any, giving	0	0 0 0	V	9
rise to the above cause (A) stating the	10) Cee	eller achiesed	levels	
UNDERLYING CONDITION lost.				
_ 11===================================				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	011	11	D	
DISEASE OR CONDITION CAUSING IT.	Cercerel	wet Kralt	Peser	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR W WAS PERFORMED	VHICH OPERATION	20A. AUTOPSY? (Yes or No)		NDINGS CONSIDERED
E O WAS FERFORMED			IN CERTIFYING CAU	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218.	PLACE OF INJURY (e.g., in	ar about 21 C. WHERE DID	(If in Baltimore	City, give exact lacotion)
OR CONTRIBUTING CAUSE OF ham.  DEATH (notify medical examiner) etc.)		fice bldg., INJURY OCCUR?		
U				
W OF INTITION	INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
(APPROX.) Whi	le At Not While			
22. I certify that (I) (this hospital) attended th				19
that (I) (we) last sow the deceased alive on	1-24	19.65 ond tha	t In(my) (our) opini	on death occurred on the date
and hour and from the causes stated above. (1)	) (We) (did) (did not) v			
23A. SIGNATURE	, ( , ( , ( ) , (	Ten the body direct death.		23B, DATE SIGNED
811 2 . 0.0.	M.D. Atte	nding Med.	Stoff .	1-24-65
1. Huch Colles	Phy:	Director	Phy s.	12 64-65
23 C. PHYSICIAN'S NAME (Type)	7	23D. ADDRESS		
	M.D.	Madical Aut - D		
E. Hunter Wilson, J	ME of CEMETERY OF CRE	Medical Arts B		
REMOVAL (Specify)	INTE OF CENTELEKT OF CRE	MAIORT 24D. LO	CATION (City.	, tawn, ar county) (State)
Burial 1/27/1965 Gr	eenmount Ceme	tem Ra	I timono Mor	nrl and
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O		25C. FUNERAL DIRECTOR	ltimore, Mar	ADDRESS / 2
IAN 26 1965 12 0 6	F. Jankey Mil	C. CA 57 . 7	, o Bol	timon, with 2121
THIL TO 1202 MPOONS		wmit Vamer	trong no	the L Ma. avenu
/S 150_REV 1/1/65				



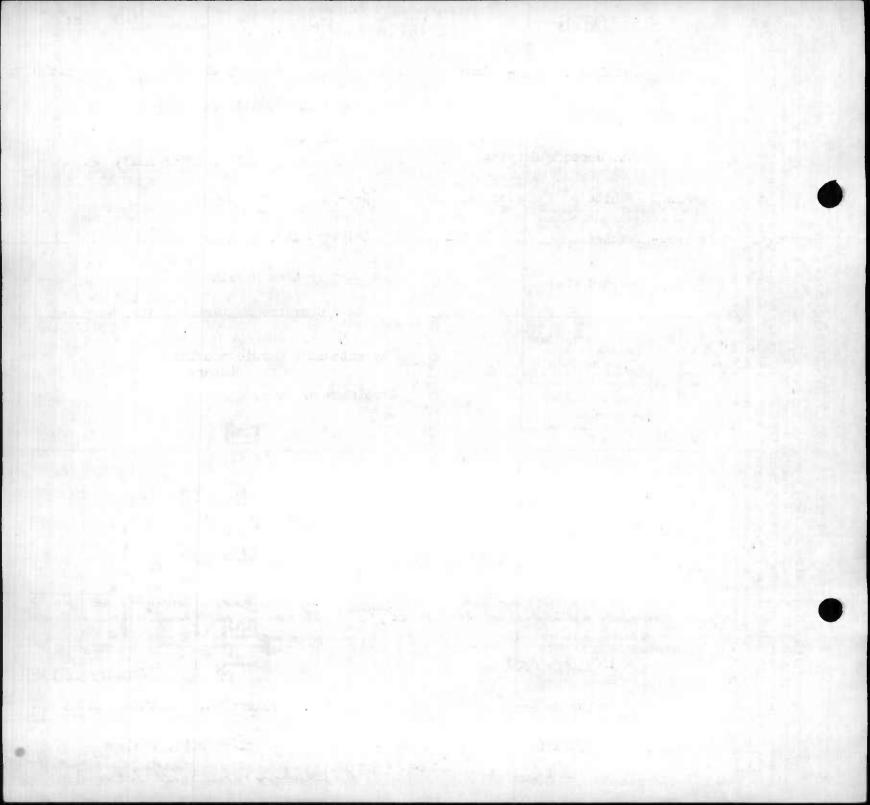
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

26

VS 150-REV. 1/1/65

-		BALTIMORE C	TITY HEALTH DEPARTMENT		C5 0000
BIRTH NO. 6	5 0876	CERTIFIC	ATE OF DEATH	Registered No	65 0876
M.E. CASE NO.	ASED		2. DATE	AND HOUR OF DEAT	Н
(Type or Print)	Barkalow L	wise Jane	Ja	nuary 22 196	5.10
B. PLACE OF DEA	TH IN BALTIMORE, MY	CHEAND	4. USUAL RESIDENCE (V		institution: residence before admi-
FULL NAME OF	(If not in hospital	or institution, give street		Baltimore	
INSTITUTION				autside city limits, writ	e RURAL ond give township)
			D. STREET ADDRESS	(If rural, give location)	55-40
	St. Josephs	Hospital	Strawberry	Hill, Baldwi	n Mill, Rd.
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Manths Days Haurs N
Female	White	Never Married	5-5-94	70	
	PATION (Give kind of wor rarking life, even if retired)	10B. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired-	'eacher	School	Indianapolis,	Indiana	
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME	
	2		Hester Anne	Hanath	
(Yes, no or unknown)	Ever in U. S. Armed Fo	es of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
7	,,,,,,	JECONIII 140.	Dow Commons		eet Air Road
18. // //	2 V V 17	CAUSI	Rev. Convers	e minter Ph	oneix, Maryland
DISEAS	OR CONDITION DI	RECTLY			ONSET AND DEAT
	LEADING, TO DEATH	dving e.g (A)	Hypertensive Ca	rdiovascular	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
heart failure,	aslhenia, elc. It meon:	the diseose,		Disease	
	plication which caused NTECEDENT CAUSE	(	Carcinoma of Ova	rv	
	R CONDITIONS, if	DUE TO			
rise to the	above cause (A)				A BARRA MARIO A PORCESSION DE BARRA DE COMPONIO DE COMPONIO DE COMPONIO DE COMPONIO DE COMPONIO DE COMPONIO DE
UNDERLTING	CONDITION lost.				
OTHER SIGNIE	II FICANT CONDITIONS				
TO THE DE	ATH BUT NOT REL	ATED TO THE			
19A. DATE OF		IDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes o	No) 20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
214 4 2 2 2			no no		
OR CONTRIBU	T WAS UNDERLYING [ TING CAUSE OF medical examiner)	home, form, factory, street etc.)	g., in ar about 21C. WHERE DIE office btdg., INJURY OCCUR	? (If in Boltom	ore City, give exact lacation)
DEATH (HONLY	(Manth) (Day) (Year)		21F HOW DID	INJURY OCCUR?	
S OF INJURY		While At Not N	While	MORT OCCUR:	
(APPROX.)		Wark L At W	ark 🗀		Y
22. I certify	that (I) (this haspita	I) attended the deceased fram	January 22		January 22 19 6
that (I) (we)	last saw the deceas	ed alive an January 22	19 05 and	that in (my) (aur) a	pinlan death accurred an th
		ted abave. (1) (We) (did) (did no	t) view the bady after deo	th.	
23A. SIGNATUI	· OM	1/01/00 M.D.	Attending Med.	Stoff 🔽	23B. DATE SIGNED
20.0	300	laise M.D.	Phys. Director	Stoff Phys.	January 22 19
23C. PHYSICIAI		,	23D. ADDRESS	175	
	Salvador	Marse	D. 1400 N. Car		altimore 21213 Mo
24A. BURIAL CREA REMOVAL (S	AATION, 248. DATE	24C. NAME OF CEMETERY OF	CREMATORY 240	LOCATION	(City, tawn, or county) (S
Burial	- 4- 4	65 Crown Hill Ce	metery	Indianapolis	. Indiana
25A. DATE REC'D	BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIREC		It: ADDRESS
	IAN 26 1965	Mobile L. James	wm. L. Vichn	Waldon non	the & Penn live

Penn.



_ (	0/31	
	ital and of death Seceased o on the th. Such	BIRTH NO. M.E. CAS 1. NAME (Type or P
11	cause (solution)	FULL N HOSPIT INSTITU
	ntributing rmined ca egular at ased prior	5. SEX
	if death of co co 4) Undete was in r	Mini 13. FATHE
DRTANT	if the dir ny kind; ( ad death lance on	Male 10A. USUA done during Mini 13. FATHE  15. Wos D (Yes, no or
R: IMP	er. Also, sture of a pronounce ar attend	(This heart injury
IRECTO	al examina (3) A fragan who pan who pa	DISE rise UND
IERAL D	ief medical a medical sdy burns; ie physici sician was	NO OTHI TO DISE.
FUN	by the chaptral by ure; (2) Bo where the No physod before	W OTHI TO DISE. OF IN OF IN (APPR
	approved to the hos f any nate   (except ); and (6) except except	Z OF IN (APPR
	eleased tecident of hospital to death	and 1
	his certificate he body was r hows: (1) An a ras D.O.A. at a eccased prior ritten approv	24A. BURI REM 25A. DAT
	FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

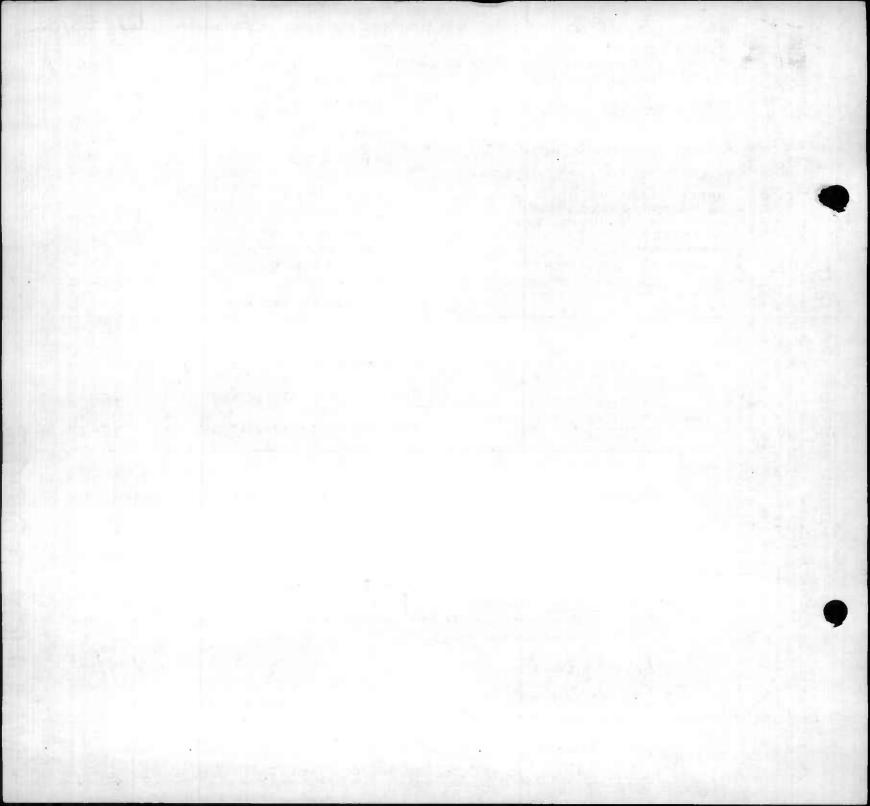
				BALTIMORE CITY	HEALTH DEPARTMENT		OF COUNTY
	н но. 65	0877		CERTIFICA	TE OF DEATH	Registered Na.	65 0877
	CASE NO.	ASED			2. DATE	AND HOUR OF DEATH	1
Тур	e or Print)	Rev. Walte	er C. CF	AFT	Janu	ary 23, 1965	11:45 Am
. P	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND			here deceased lived. If i	institution: residence before admission)
		er on to too hel	an transferance		Virg		11-43
H	ULL NAME OF	(If not in haspital address or location	or institution, (	give street			RURAL and give township)
11	NOITUTION				Chatl		
					D. STREET ADDRESS		Visiting- Balto.
		St. Joseph	Hosnita	1	Rt. 3	Box 208	826 Central Ave
. 5	EX	6. RACE	7. MARRIED,	NEVER MARRIED , DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours: Min.
M	ale	Col.	Marri		8-31-79	85	Tribination of the state of the
٥À.	USUAL OCCU	PATION (Give kind of work			11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
-		corking life, even if retired)  & Farmer			Chatham Virgi	inia.	USA
	ATHERS NAM				14. MOTHER'S MAIDEN N		
	JAM F	5 CRAF	+				
5. V	Vos Deceosed	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT daug!	nter	ADDRESS
es	no or unknown)	(If yes, give wor or dote	s of service)	SECURITY NO.	Mrs. Molinda		Central Avenue
_	100	* * * *		CAUSE O		0000 000	
	18. 33	/ X		CAUSE	PUEAIN		ONSET AND DEATH
		E OR CONDITION DIR	RECTLY	0.			
		ol meon the mode of		DUE TO	rebral hemorrhs	ige, right	
		oslhenio, elc. Il meons plicolion which coused					
		NTECEDENT CAUSES		(B)		200 00 00 00 00 00 00 00 00 00 00 00 00	
		R CONDITIONS, if		DUE TO			
	rise lo lhe	above couse (A)		(C)			
	UNDERLYING	CONDITION last.					
_		II	0.117810117111				
0	TO THE DE	EATH BUT NOT RELA	ATED TO TH	E			
CA		OPERATION THE TOPE OPERATION 198, CON		VHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES. WERE	FINDINGS CONSIDERED
EXTE	7	WAS PERI		THE OF EXAMEN	Yes	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U	21 A. ACCIDEN	T WAS UNDERLYING	218.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimo	re City, give exact lacotion)
	OR CONTRIBU	TING CAUSE OF medical examiner	hom etc.)		ffice bldg., INJURY OCCUR?		
U	21 D. TIME		(Mauri 215	INJURY OCCURRED	215 HOW DID I	NAMES OF CITES	
	OF INJURY	(Month) (Doy) (Year)		le At Not While	21F. HOW DID I	NJURY OCCUR!	
	(APPROX)		Wo				
	22. I certify	that (1) (this hospital	) attended t	ne deceased fram	January 12th	19 65 to	January 23, 1965
	that (1) (we)	last saw the decease	d alive an	January	23, 19 65 and	that in (my) (aur) ap	inion death accurred an the date
	and haur and	fram the causes stat	red abave. (I	) (We) (did) (did nat)	view the bady after deat	1.	
	23A. SIGNATU			, –			23 B. DATE SIGNED
		Markeye	: 11	A. Jana M.D. Att	ending Med. Director	Stoff Phys. XX	Jan. 24, 1965
	23C. PHYSICIAI	N'S	00 0	ray	23 D. ADDRESS	1117 0122425	Owne nat Tago
	NAME (Ty	Melencio Ve	ntura	M.D.		olina Street	Boltimore 12 Ma
4.4	RUBIAL CREA	MATION, 248, DATE		ME of CEMETERY OF CR		oline Street	Baltimore 13, Md
T	REMOVAL	pecify)			0 -	1111	1 1/2
K	Emo Y t	1/23/6		HATHAM,		HATMAN	
5A	. DATE REC'D	BY HEALTH DEPT.	25B. NAME C	E Touley Hill	C. FUNERAL DIRECT	OR A	HATHAM. VA.
	J	AN 26 1965 (	lover	C' down	LOOKE Y	MINNIS C	HAILDAM. VH.
15	150-REV. 1/1/6	5					

REMORAL HESTER CHATERM , CENS 2447 MAD. VA

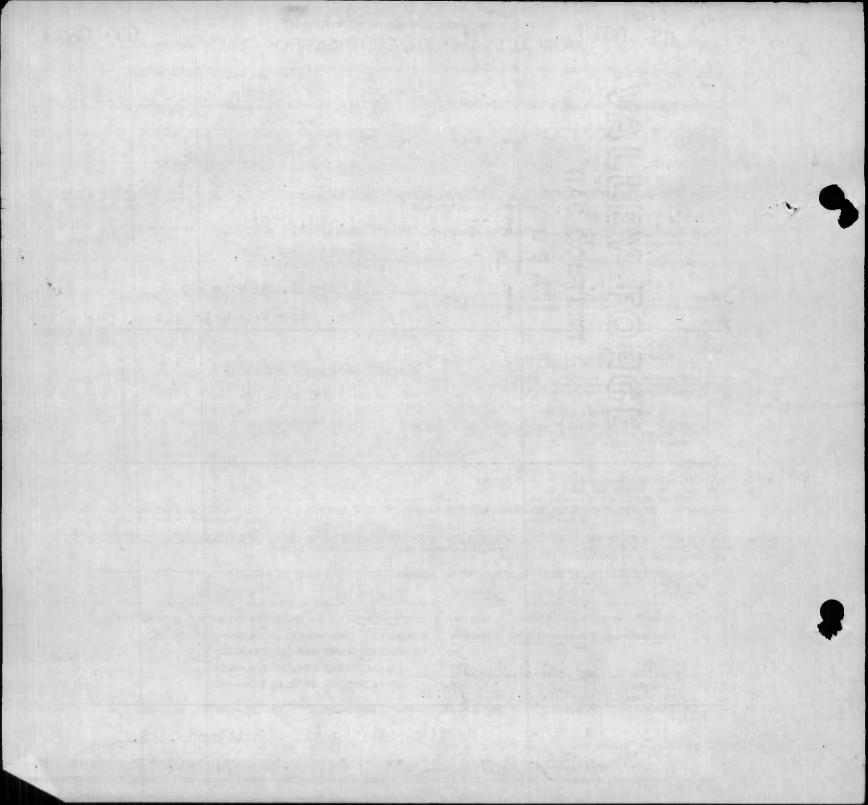
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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the chartest of any hospital (except where the chartest of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMORE CITY	HEALTH DEPARTMENT	05			
	th No. 65 0878	CERTIFICA	TE OF DEATH Reg	pistered No. 65 0878			
1, N (Ty)	Print RUFENACHT, STA	INLEY HOWARD	2. DATE AND HOU 1/24/65	1:00 P. M.			
	FULL NAME OF Alf not in hospital or ins HOSPITAL OR oddress or location)	titution, give street	A. STATE B. COUNTY  MARYLAND  C. CITY OR TOWN (If outside city limits, write RURAL and give tawnship)  GLEN ARM				
U	NION MEMORIAL HOSE	PITAC	Box 530	re lacotian)			
5. S	OLE WHIE W	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify) MARRIED	8. DATE OF BIRTH 9. AGE lost birth	(In years anday) (In years Manths Doys Haurs Min.			
dan	MANAGER	KIND OF BUSINESS OR INDUSTRY IX MAKING INDUSTRY	11. BIRTHPLACE (State or lareign coun	12. CITIZEN OF WHAT COUNTRY?			
13.	FATHERS NAME HERMAN RUFENACHT		SOPHIE PERRO	€			
(Ye	Was Deceased Ever in U.S. Armed Forces? s, na arunknown! (If yes, give war ar dates of s XNOWN NO	16. SOCIAL SECURITY NO. 216-01-1772	17. INFORMANT HOSPITAL RECORD	ADDRESS			
ATION	DISEASE OR CONDITION DIRECTL LEADING TO DEATH  (This does not meen the mode of dyinheart failure, asthenia, etc. It means the cinjury or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if only, rise to the obove cause (A) station of the condition of the condition of the condition of the condition of the conditions control of the DEATH but not related to the condition causing it.	g, e.g., DUE TO CO	ONSET AND DE  URRENT CEREBRAL THROMBOSES  YEARS  DETAILIZED ARTERIOSCLETOSIS  AND  ERTENSIVE ENCEPHALOPATHY  VEARS				
CERTIFICA		N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 208. I	F YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?			
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., i home, farm, foctory, street, a etc.)	n ar obout 21C, WHERE DID ffice bldg., INJURY OCCUR?	(II in Baltimore City, give exact lacotion)			
MEDIC	21D. TIME (Manth) (Doy) (Year) (Ha OF INJURY (APPROX.)	while At Not While Work Not Work					
	22. I certify that (I) (this hospital) attended the deceased from 1/23 19 65 to 1/24 19 65 that (I) (we) last saw the deceased alive an 1/24 19 65 and that In(my) (our) aplnian death accurred an the d and haur and from the causes stated abave. (I) (We) (did) (dld not) view the bady after death.  23A. SIGNATURE  23A. SIGNATURE  23B. DATE SIGNED  1/24/65  23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS NAME (Type)						
24	Burial CREMATION, 248. DATE  REMOVAL (Specily)  Burial 1-27-1965	24C. NAME of CEMETERY or CR	EMATORY 24D. LOCATIO	N (City, town, or county) (State)			
	JAN 26 1965 (1)	NAT. Christian (	25C. FUNERAL DIRECTOR	al Home 740/ Belain Roals			
A 2	150-REV. 1/1/65						



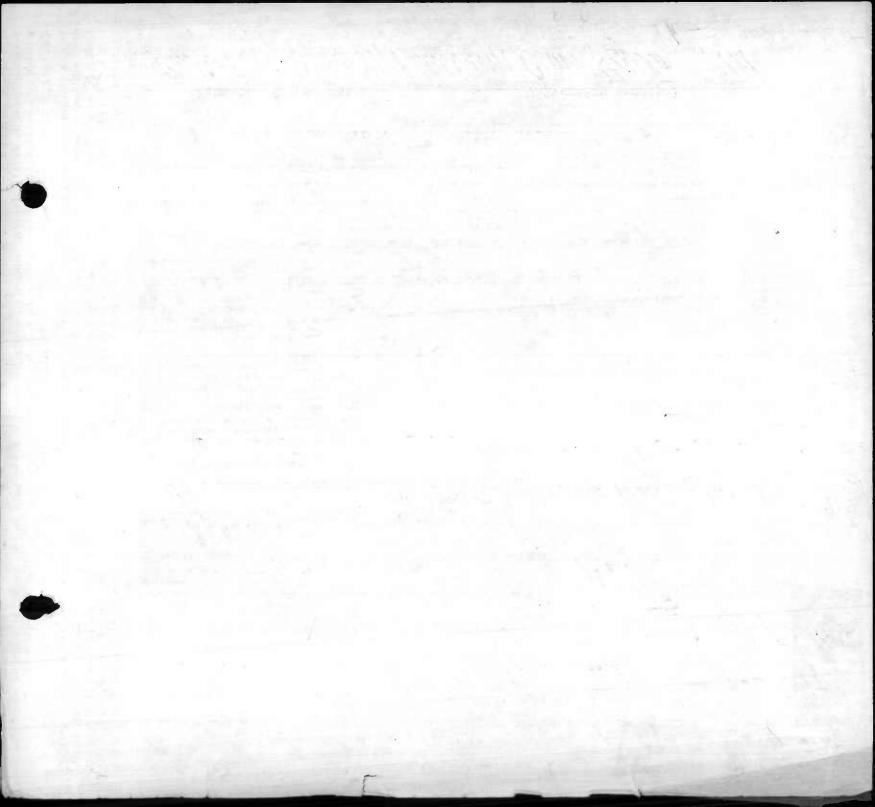
VS 151-REV, 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are ambalmed as final disposition is another. FUNERAL DIRECTOR: IMPORTANT

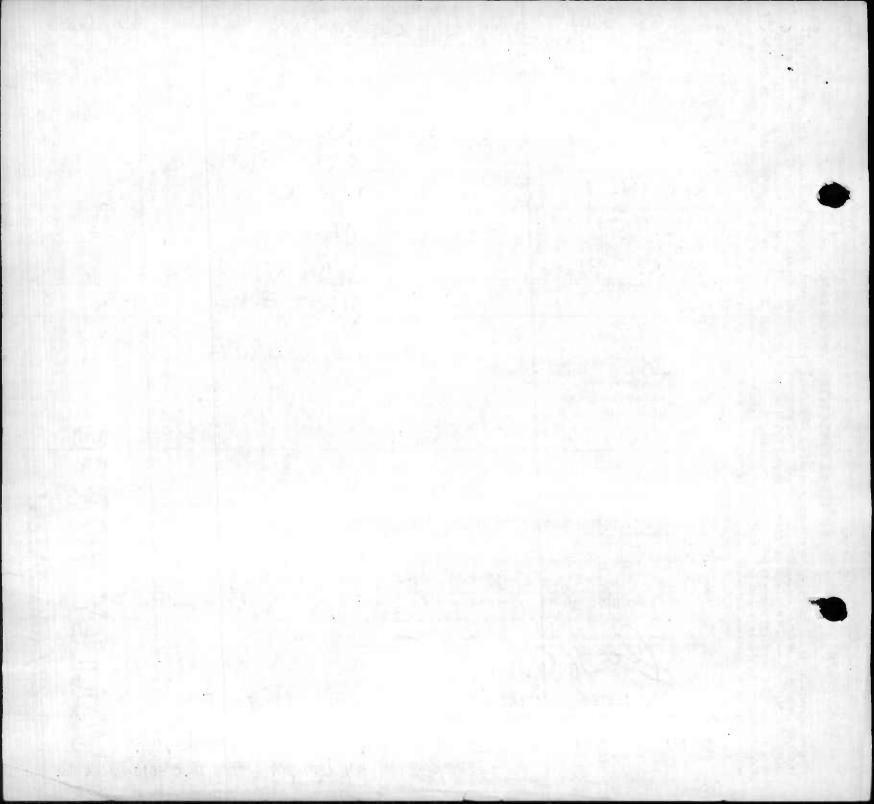
VS 150-REV. 1/1/65

		BALTIMORE CITY	HEALTH DEPARTMENT		
	65 0880	CERTIFICA	TE OF DEATH	Registered Na.	-65 - 0850
M.E. CASE NO.	CEASED		2 DATE	AND HOUR OF DEATH	0 6 10
(Type ar Print)	JAMES	NORRINGTON	of 1/.	22/65	1 9 AN
3. PLACE OF D	EATH IN BALTIMORE, MARYLAN	1D	A. STATE B. COL	nere deceased lived. If in INTY	nstitution: residence before admission)
FULL NAME		titution, give street	C. CITY OR TOWN (IF	(D)	X
NOITUTION		0.75	BALTIMOR		RURAL and give township)
UNIT	Ensity Hos,	71116	D. STREET ADDRESS	If rural, give location)	- 11
			204 N.	FREHONT	- AVE, FOTE
S. SEX	11=30 W	ARRIED, NEVER MARRIED  IDOWED, DIVORCED (specify)  MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
	CUPATION (Give kind of work 10 B. I of working life, even if retiged)	CIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
1 -	TIRED-Paten	Hospitor/	150	<b>À</b> ,	
3. FATHERS NA	90/	7 7 7 6 6 7	14. MOTHERS MAIDEN N	AME	
He.	(Kamua)		Unknown	/	
S. Was Decease	ed Ever in U. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		217-05-3307	ANNIE MOZE	Morrino	TXN 2041 Tremont
18. / 6	3X I	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIRECTL	Y			1 V
(This does	nol mean the mode of dying	g, e.g., DUE TO	RCINOMA O	E LUPG	112 9025
	e, asthenio, etc. It means the a emplication which caused death				
	ANTECEDENT CAUSES	(B)			**************************************
	OR CONDITIONS, if any,	giving			
	he obove cause (A) sloli: NG CONDITION lost.	ng lhe (C)	W	****************	op minerienske er op met met men om oppgrøgen men oppgrøgen en byte might innerien et til met i det et til det
	11				
	NIFICANT CONDITIONS CONTR				
DISEASE OF	R CONDITION CAUSING IT.  OF OPERATION 198, CONDITIO	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or 1	o) 20B. IF YES. WERE	FINDINGS CONSIDERED
19A. DATE C	WAS PERFORM			IN CERTIFYING CA	USES OF DEATH?
OR CONTRIL	ENT WAS UNDERLYING DEPORT BUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i hame, farm, factory, street, al etc.)	n or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimare	e City, give exact lacation)
21D. TIME OF INJURY	(Month) (Day) (Year) (Ha	ur) 21E INJURY OCCURRED	21 F. HOW DID IN	IJURY OCCUR?	
OF INJURY		While At Not While At Work			
22. I certif	v that (1) (this hospital) atte	anded the deceased fram		19 to	19
				hat in (mv) (aur) api	nian death accurred an the date
		pave. (1) (We) (did) (did nat) v			
23A. SIGNAT					23B. DATE SIGNED
Xe	mueck English	COST M.D. Atte	ending Med. Director	Staff Phys.	Jan. 22 1965
23C. PHYSICI	ANS		23D. ADDRESS		
-	nneth Eugene Mot	M.D.	University	Hospital	
24A. BURIAL CR	EMATION, 248, DATE	24C NAME & CEMETERY OF CRI	MATORY 24D.	LOCATION C	ity town gor county) (State)
Duri	al 1/26/1965	TIN LUNTER	n Clim, A	Ralle.	1/161,
2SA. DATE REC'	D'BY HEALTH DEPT. 258.	NAME OF REGISTRAR	2SC. FUNERAL DIRECTO	7 11	319 ADDRESS
	JAN Z D 1300 (17)	se of C. Vancoring	Williams	Aurel Himi	n elmalder



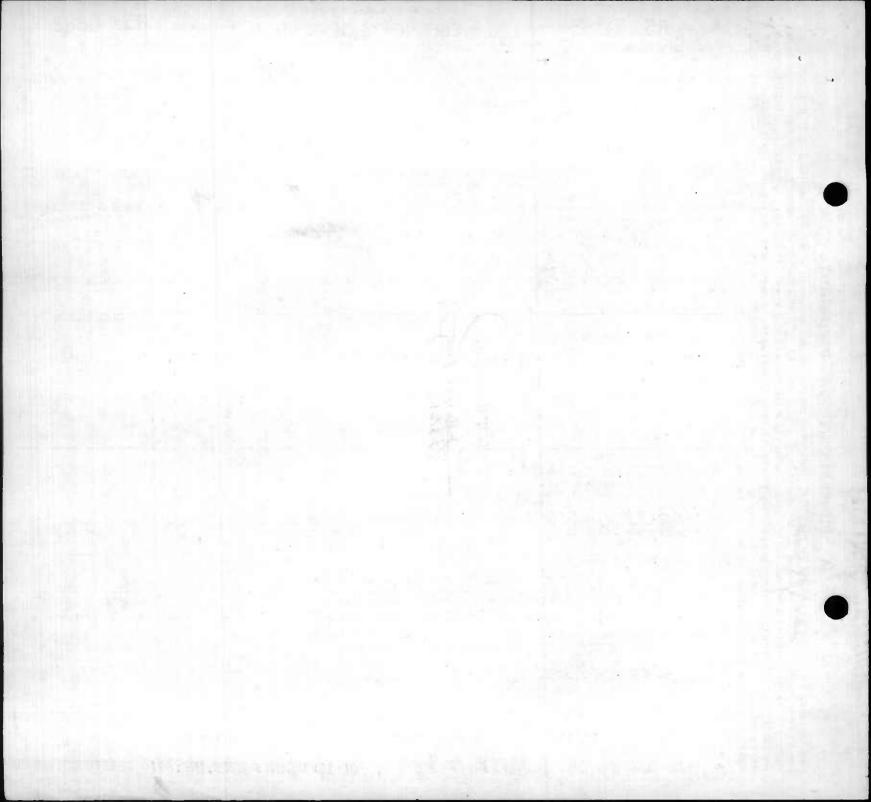
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FUNERAL DIRECTOR: IMPORTANT	## F F F F
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

64-2724601	BALTIMORE CITY	HEALTH DEPARTMENT		05 0001 6
BRTH NO. 65 U801	CERTIFICA	TE OF DEATH	Registered No.	65 0881
I. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print) Gary .	Baker	Jan		5 2:40 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAI		4. USUAL RESIDENCE (Where	e deceased lived. If ins	titution: residence before admission)
FULL NAME OF (If not in haspital or ins HOSPITAL OR oddress or location) INSTITUTION	titution, give street		Baltimor side city limits, write RI	e 27-15 URAL ond give lownship)
0. 11 2)	of Boll To	Baltimor	- 2	
Sinai Hospital	or vall., I he	-	ockspring	Rd
w	ARRIED, NEVER MARRIED (IDOWED, DIVORCED (specify)		osl birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ever married	Oct 6,1964		3 17
10A. USUAL OCCUPATION (Give kind of work 10B.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		Manuland		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AF	UJA
Robert Baker		Ricki	Schwar	12
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		Robert Ba	eker	Same
18.762.01		F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	Y.	1 .	1 .	7
(This does not mean the mode of dyin	g e.g. DUE TO	ssive Aspir	ralion	
hearl failure, asthenia, etc. 11 means the	disease,			
injury or complication which caused deat			12. m23	
ANTECEDENT CAUSES	DUE TO	embidadainin puusuu in pinipilipun maalain (Punite (Paga)	******************************	
DISEASES OR CONDITIONS, if any,				
rise to the above cause (A) stati	ng lhe (C)			
OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO THE			
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORM  21A. ACCIDENT WAS UNDERLYING		20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, factory, street, cetc.)	in or about 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)
O 21D. TIME (Month) (Doy) (Year) (Ho	ur) 21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
S OF INJURY (APPROX.)	While At Not Whi			
	Work L At Work		2.01	
22. I certify that (I) (this haspital) att		1	964 to 10	4, 23, 19.65
that (I) (we) lost sow the deceased of	ive on Jan, 2	19.65 ond the	ıt in(my) (our) apin	ion death accurred on the date
and hour and from the causes stated a	bove. (1) (Wa) (did) (did not)	view the body after death.		
23A. SIGNATURE	0			23B. DATE SIGNED
1 150 M (00	lay M.D. Att		Stoff Phys.	Tan 28 1965
23C. PHYSICIAN'S	(	23D. ADDRESS	. 117 3.	1 3 103
NAME TYPE LESTER CAP.	LAN M.D.	1401 Reis	terstorm !	Cd. Balte. f. Ud.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. LC	CATION (City	, town, or county) (State)
PUDTAL 1/04/15	NAME OF REGISTRATION CO	ng 25C. FUNERAL DIRECTOR	Baltimore.	Md.
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
JAN 26 1965 OZ	Zerb E. Farley M.A.	SOL LEVINSON 8	BRUS IN.C	6010 Reist Rd.
VS 150-REV. 1/1/65	17 12 14 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	t. 1		M



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMORE CITY	HEALTH DEPARTMENT		05 0000
M.E. CASE NO.	0882	CERTIFICA	TE OF DEATH	Registered Na.	
1.NAME OF DECEASED (Type or Print)	NAIDIT	CH, PHILIP		165 DEATH	920/p.
PLACE OF DEATH IN				re deceased lived. Il i	nstitution: residence before odmissi
			MARYLAN		15-11
FULL NAME OF HOSPITAL OR	oddress or location)	institution, give street	C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give township)
INSTITUTION			BALTIMO		
CNA	/ or p. To 1	. of BALTO, INC.		rurol, give location)	
5/10/71	TOSPITAL			RTON Rd.	#15
. SEX   6. RA	E 7. 7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Mir
MALE	White	WIDOWED. DIVORCED (specify) ARRIED	12/15/97	67	
		OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working	1 6 0-17	GROCERY STORE	Polonin		USA
3. FATHERS NAME	3114101	GROEBLY STORE	14. MOTHERS MAIDEN NA	ME	0317
	11/	A A		7	
	Spraham	n MAIDIICH		DKNOW N	
5. Was Deceosed Ever i Yes, no or unknown) (If ye	U. S. Armed Force	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	C	ADDRESS
Unknown			6 hast 1	pknow N (hospital)	
18.420,1	VE 90	4-5 CAUSE O	DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
	CONDITION DIRE	CILY	ITE MYSTOSOL	O. INFOAT	now 3 hrs
(This daes not me	an the made of d	lying, e.g., O DUE TO	ITE MYOTARDII	76	104 - 11/2
heort failure, asther	iia, etc. II means t	he disease,			
injury or camplicati			ROSELERGTIE CARL	MANUASINAR D	SERIE
ANIEC	EDENT CAUSES	DUE TO	Tomic Gaulie Tr. CC Y if J. Sec New J. J. C. N. Se	ide black de level system e Frei lise ee die ee	
DISEASES OR CO				**	
rise to the about		siding the H	**************************************	******************	
	11	2012			
Z OTHER SIGNIFICAN	T CONDITIONS CO	- 10 11			
E TO THE DEATH	BUT NOT RELAT	ED TO THE FOR	OF LEFT	FEMULO	
19A. DATE OF OPER	ATION CAUSING IT.	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	O 20B. IF YES. WERE	FINDINGS CONSIDERED
1/20/60	WAS PERFO	RMED	· YES	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WA	S UNDERLYING	21 B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimo	re City, give exact location)
OR CONTRIBUTING	CAUSE OF	home, form, loctory, street, ol	fice bldg., INJURY OCCUR?		
0		STREET ( ! )	PLACE) UNKA		
W OF INTITION	th) (Doy) (Year)	(Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	17 65	While At Not While Work At Work	PATIENS	FELL	
22 1 416 41-4	# (abia bassiani)		11.11/2/01		Ta-1/1002 10/10
		attended the deceased from 2.5			
that (\$) (we) last	saw the deceased	alive an 22 JANUARY	196.5 and th	at in (##) (our) op	inian death occurred on the
	the causes state	d above. (#) (We) (did) (ditimet) v	iew the body after deoth.		
23A. SIGN ATURE		1		116	23B. DATE SIGNED
Ban	" MI Town	M.D. Atte	nding Med. Director	Stoff Phys.	1/22/65
23 C. PHYSICIAN'S NAME (Type)	7 11 .100		23D. ADDRESS		1/0-/
-		M.D.	(14/0) (1	· == 0 ·	
24A. BURIAL CREMATIC	N, 248. DATE	24C. NAME of CEMETERY OF CRE	S/NA) 1-05P MATORY 24D. L	OCATION (C	City, town, or county) (Stot
REMOVAL (Specify		41001415110			
BURIAL	1/24/65	WORKMENS CIRCLE		BALTIMOR	
25A. DATE REC'D BY HI	O C 10CE	5B. NAME OF REGISTRAD	25C. FUNERAL DIRECTO		ADDRESS
MAC SILEDA	70 1300 (	bull E. Turken in	SOL LEVINSON.	& BROS. INC.	6010 REISTERSTOWN
VS 150-REV. 1/1/65	1				AR



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

A. STATE

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I.E. CASE NO			
NAME OF D	ECEASED	-	
ype or Print)	Nathan	621	arv

3. PLACE OF DEATH IN BALTIMORE MARYLAN

5. Was Deceased Ever in U. S. Armed Forces

UNDERLYING CONDITION last.

(Yes, no or unknown) (If yes, give wor or dates of service)

2. DATE AND HOUR OF DEATH 5-65

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

FULL NAME OF HOSPITAL OR

(If not in hospital or institution, give street oddiess or location)

Hospital of Balto

C. CITY OR TOWN (If outside city limits, write RURAL and give township)

(If rurol, give location)

B. COUNTY

		02000	Perc 1 11	
5. SEX 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of we done during most of working life, even if retired DUI LOEK	SELF- EM PloyED	Poland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	

. / /	
UNKNOWN	
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6. SOCIAL

SECURITY NO.

17. INFORMAN

ADDRESS INTERVAL BETWEEN

ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the made of dying, e.g., heart failure, asthenia, etc. Il means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES

Cinomatosis Secto

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED

DISEASES OR CONDITIONS, if any, giving ta the abave cause (A) stating the

DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED

20 A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

11A. ACCIDENT WAS UNDERLYING   218. PLACE OF INJURY (e.g., in or of home, form, foctory, street, office block of the property of the place of the pl	bout 21 C. WHERE DID (If in India, INJURY OCCUR?
--	--

Boltimore City, give exact location)

D. TIME (Month) (Doy) (Ye	000 111000 216	INJUKI	OCCURRED
PPROX.)	Whil	e At	Not Whi At Work

21F. HOW DID INJURY OCCUR?

22. I certify find (1/ till's hospital) diffended the deceased from	×.
that (1) (we) last saw the deceased alive an 1-25 19.65 and that in (my) (aur) opinion death accurred on the	da

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and hour and from the causes stated above. (1) (We) (did) (did not) view the hody after death

lenerando	J. Maximo	M.D.	Attending Phys.	Med. Director	Stoff Phys.	1-25-65
23C. PHYSICIAN'S NAME (Type)			23D. ADDRES	SS		

M.D.

CHIZUK AMUNO (ARRINGTON)

VENERANDO J. MAXIMO 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 1/26 24C. NAME of CEMETERY OF CREMATORY

1/26/65

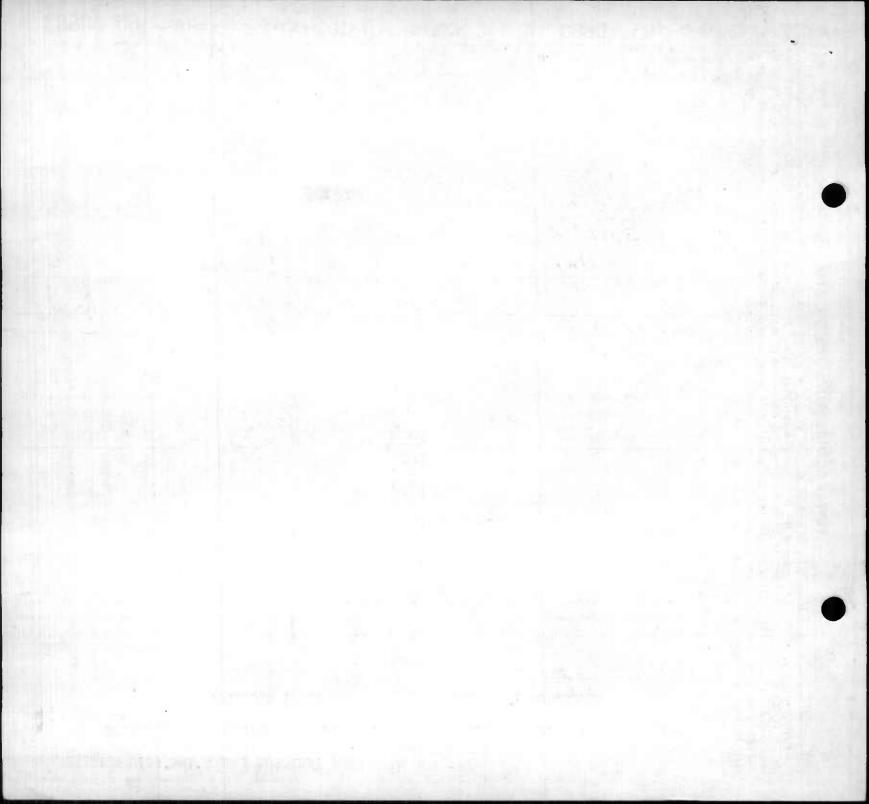
SINAI HSOPITAL

LOCATION	(City, town, or county)	(Stote
BALTIMORE	MARYLAND	

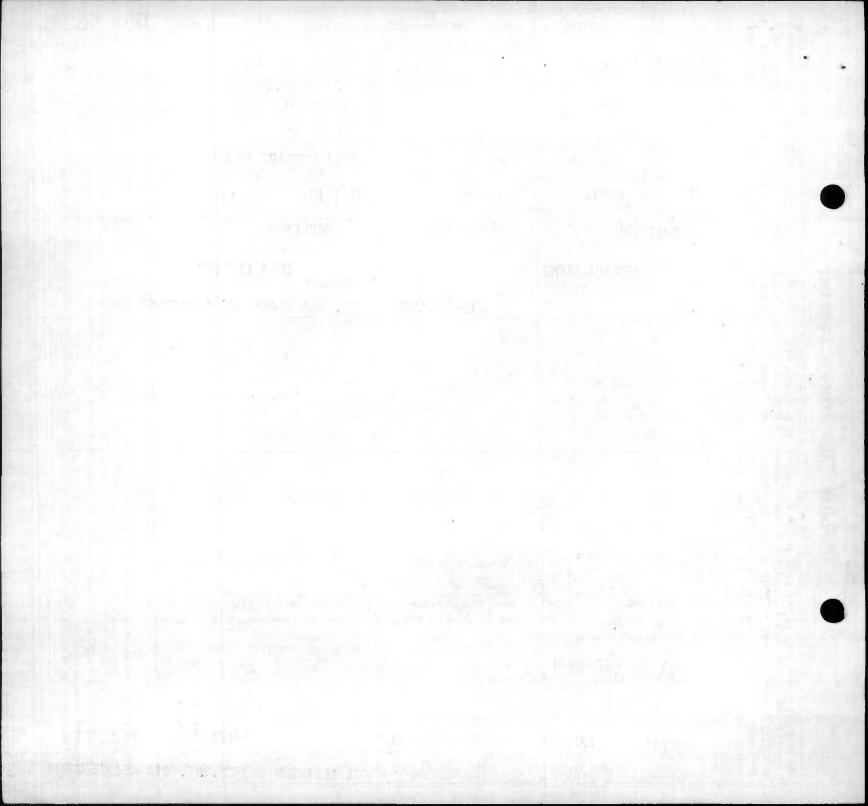
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR

SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN

VS 150-REV. 1/1/65



	BALTIMORE CITY	HEALTH DEPARTMENT	CT 000 1
BIRTH NO. 65 0884	CERTIFICA	TE OF DEATH Registered No.	
1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH IN BALTIMORE, MAR	Earl Socks	2. DATE AND HOUR OF DEATH  1-23-65  14. USUAL RESIDENCE (Where deceased lived, II in	9:00 PM
FULL NAME OF (If not in hospital a	or institution, give street	A, STATE B. COUNTY	15-12
HOSPITAL OR oddress or location		C. CITY OR TOWN (II outside city limits, write	RURAL and give township)
0.00	inord #15 MG	D. STREET ADDRESS (If rural, give location)	
	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	
MALE WHITE	WIDOWED, DIVORCED (specify) MARRIED	2/1/1910   lost birthdoy) 54	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  SALESMAN	USED CARS	MARYLAND	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
HERMAN SACKS		LENA LIPSITZ	
15. Was Deceased Ever in U. S. Armed Force (Yes, no or unknown) (II yes, give war or dates		17. INFORMANT	ADDRESS
NO	213-30-7273		TABE AVENUE
18. 420,0VI 26	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR	ECTLY	lautricular Eibrillatio	minutes
(This does not mean the mode of heart failuse, ostherno, etc. II means			**************************************
injury or complication which caused		storiosclastic Host D.	some 3 years
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if or ise to the obove couse (A) UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS CONTOUR TO THE DEATH BUT NOT RELAUDISEASE OR CONDITION CAUSING IT	TED TO THE	tes Mellitas	Years
19A. DATE OF OPERATION 19B. CONE WAS PERF	DITION FOR WHICH OPERATION ORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, of etc.)	n or obout 21C. WHERE DID (If in Boltimor	re City, give exact location)
OF INJURY (Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED  While At Not While	21F. HOW DID INJURY OCCUR?	
(APPROX.)	Work L At Work		
22. I certify that (1) (this haspital)		De Cember 1964 10	Jan 1965
that (1) (we) last saw the deceased		Control of the contro	inion death occurred on the date
and hour and from the causes state	ed abave (1) (We) (did) (did not) v	riew the bady after death.	23B, DATE SIGNED
Round no	Cella Phy		1-23-65
23C.PHYSICIAMS NAME (Type)	Miller M.D.	Liuson Rd. Ou	o cuas Mills, Md.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRI	011-1120-1	ity, town, or county) (Stote)
BURIAL 1/25/65	HEBREW YOUNG MEN	BALTIMORE  125C. FUNERAL DIRECTOR	MARYLAND
1	R.D. & E. Farley M.A.	SOL LEVINSON & BROS. INC. 6	
VS 150-REV. 1/1/65			No.



SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD

VS 151-REV. 1/1/65

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				BALTIMORE CITY	HEALTH DEPA	RTMENT		6 m		
BIRTH N	NO. 6	5 0886		CERTIFICA	TE OF D	EATH	Registered No	-65	0880	
	E OF DEC	Becker, Je	nnie				25, 1965		10:05 A	• M.
FULL HOS INST	NAME OF	of (If not in hospitol oddress or locolic	or institution, g	ve street	A. STATE  Mary  C. CITY OR TO  Balti  D. STREET ADD	B. COUNT land WN (If outsi more	de city limits, write R	,-0	2	mission)
s. sex	male	6. RACE White		DIVORCED (specify)	B. DATE OF BIR		AGE (In years	If Under 1 Months Do	Yr. If Under	24 Hrs. Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS of done during most of working life, even if retired)  Housewife  AT HOME				Euro		(SSIA)	12. CITIZEN OF WHAT COUNTRY?			
	HERS NAM	Cooper			14. MOTHER'S Krug	er, SARA				
(Yes, no	Deceased or unknown	Ever in U. S. Armed Fo	rces? es of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT	al Recor	ds	Al	DDRESS	
he	DISEAS	SE OR CONDITION DI LEADING TO DEATH not meen the mode of osthenio, etc. Il meens application which coused	dying, e.g., s the disease,	(A) Arte		otic Hea	rt Disease		erval between set and dea	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION tost.			(B)(C)					0.000.000.0000.0000		
		11								

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No)

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examined etc.) 21 D. TIME (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Yeor) OF INJURY

While At Not While (APPROX.) At Work Work

1/25/65 22. I certify that (1) (this hospital) attended the and that in (my) (aur) apiniun death accurred on the date

and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.

23A, SIGNATURE Attending Phys. Med. M.D. Director

23D. ADDRESS

Stoff Phys. 2201 Argonne Drive, Baltimore 18, Md.

BALTIMORE

M.D. 24A. BURIAL CREMATION. 24C, NAME of CEMETERY OF CREMATORY REMOVAL (Specify)

24D. LOCATION

(City, town, or county) (Stote)

vrs.

BURIAL 1/26/65

2SC. FUNERAL DIRECTOR

MARYLAND ADDRESS

238, DATE SIGNED

1/25/65

BNAI JACOB

258. NAME OF RECIPIEDA

258. NAME OF RECIP

LEVINSON & BROS. INC. 6010 REISTERSTOW

VS 150-REV. 1/1/65

23C. PHYSICIAN'S

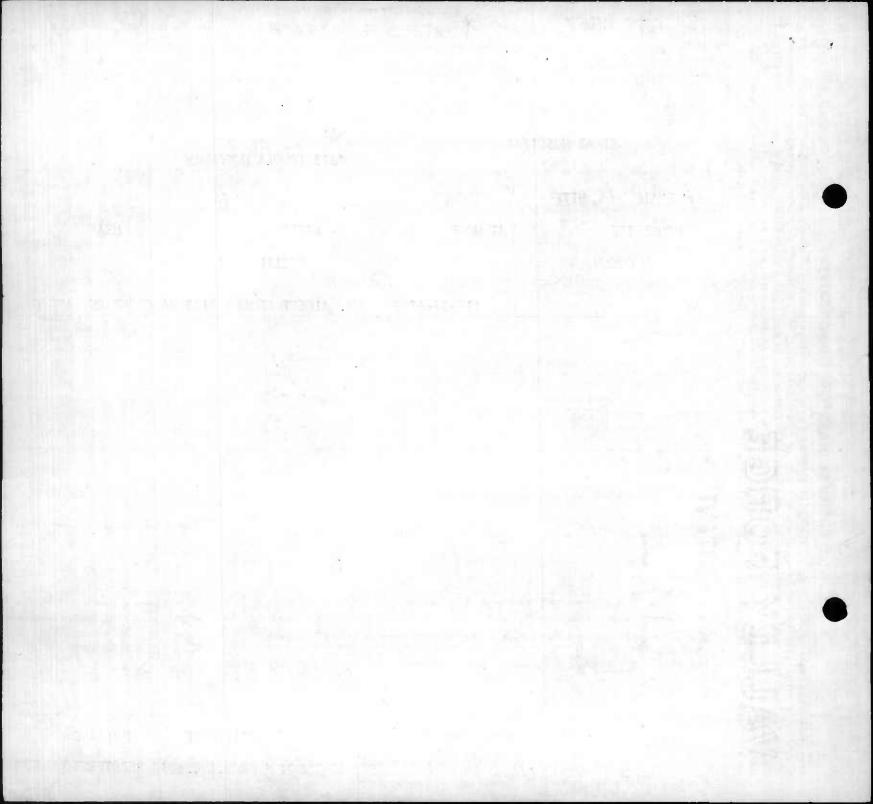
NAME (Type)

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

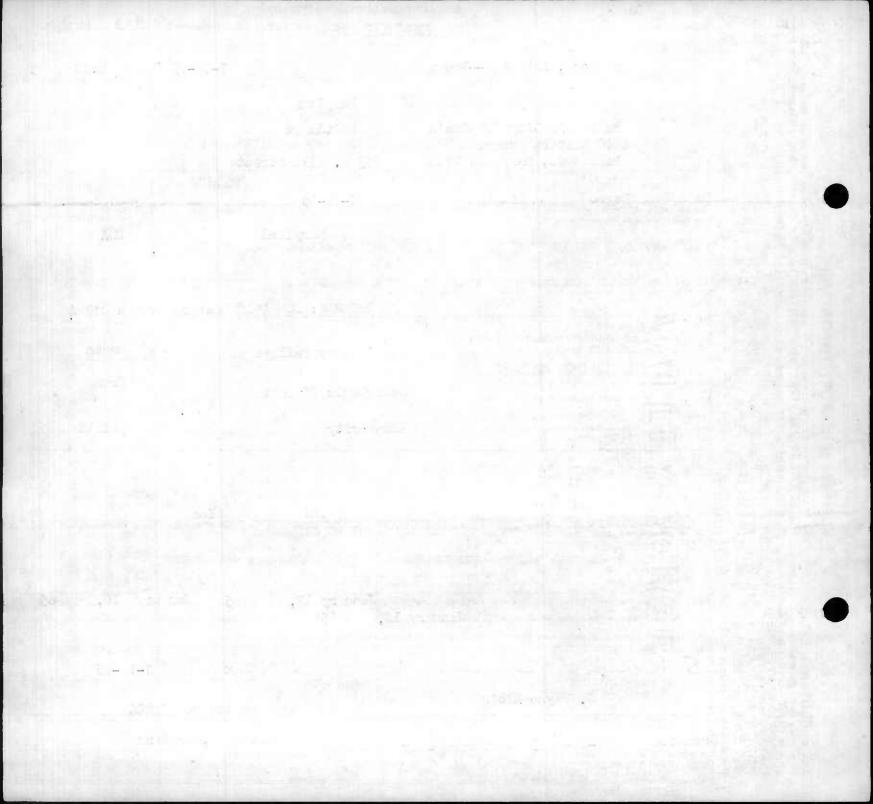
00014		BALTIMORE CITY	HEALTH DEPARTMENT		65 0887
BIRTH NO. 65 1887		CERTIFICA	TE OF DEATH	Registered No.	00 0087
M.E. CASE NO.  1. NAME OF DECEASED  (Type at Print)	-/	Terber		and Hour of DEATH	1 9100 A A
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W. A. STATE B. CO		nstitution: residence before admission)
FULL NAME OF (If not in hospital		give sheet	MARYLAND		15-13
HDSPITAL OR oddress or location INSTITUTION	1)		C. CITY OR TOWN	outside city limits, write	RURAL and give township)
SINAI HOS	PITAL		D. STREET ADDRESS	(If rural, give location)	
			2613 LOYO	LA NORTHWAY	
S. SEX 6. RACE	7. MARRIED,	NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours: Min.
FEMALE WHITE		WIDOWED		76	
10A, UŞUAL OCCUPATION (Give kind of work done during most all working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or f	areign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	AT	HOME	LATVIA		USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
UNKNOWN			MOLL	IE ?	
5, Was Deceased Ever in U. S. Armed Fai (Yes, na ai unknown) (II yes, give war ar date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO		217-34-6799	MR. ALBERT	GERBER 3113 B	SANCROFT RD APT D
1B. 350 X 1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR	RECTLY	P	Enbral Tro	1. Vi dus	- 46 la
(This does not meon the mode of		DUE TD	4.	_	
heart foilure, asthenia, etc. It means injury or complication which coused			00000000	D. Te De	
ANTECEDENT CAUSES		(B)	Carroaq	00,000,000	
DISEASES OR CONDITIONS, if			V		
underlying condition lost.	sloling lne	(C)	agus denamas non men men men de sep men de de sprap men men de sprap men 100 de	The state of the s	
_ 11					
OTHER SIGNIFICANT CONDITIONS C	TED TO TH	an an	williable	C, V. D.	
DISEASE OR CONDITION CAUSING 1		WHICH OPERATION	20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CON WAS PERI	FORMED		No	IN CERTIFYING CA	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218	PLACE OF INJURY (e.g., i	n ar about 21 C. WHERE DID	(If in Baltima	re City, give exact location)
DEATH (natify medical examiner)	etc.		ince biag., INJORI OCCOR.		
21 D. TIME (Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX)	Whi	ile At Not While	e 🗆		
22. I certify that (I) (this haspital	ottended t		Va	1954 to	Jan 77 1965
that (1) (we) last sow the decease	d alive of	- 9 (NO AM	19 6 5 ond	that in (my) (our) op	inion death occurred on the dat
and hour and from the courses state	red above. (I	) (We) (did) (did noi)			
28A. SIGNATURE	1	/			23B. DATE SIGNED
and Vi	Story o	M.D. Atte	s. Med. Director	Staff Phy s.	Jan 22, 1965
23 C. PHYSICIAN'S NAME (Type)		M.D.	23 D. ADDRESS		
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. N	AME of CEMETERY of CRI	EMATORY 24D	LOCATION (C	City, town, or county) (State)
BURIAL 1/24/6	5 BAL	TIMORE HEBREW		BALTIMORE	MARYLAND
25A. DATE REC'D BY HEALTH DEPT.		E Salley MA	SOL LEVINSON		110 REISTERSTOWN RD
VS 150-REV. 1/1/65	MUNICIPAL			[]	\$ EX
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cdg: 426316

65-00766	<b>BALTIMORE CITY</b>	HEALTH DEPARTME	NT	05
BIRTH NO. 65 0888	CERTIFICA	TE OF DEA	TH Registered No	. 65 0888
M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)		2. D	ATE AND HOUR OF DEAT	TH
Drummond, Baby Boy	anta		1-18-6	
3. PLACE OF DEATH IN BALTIMORE, MARTLAND			E (Where deceased lived, II COUNTY	institution: residence before admission)
FULL NAME OF (If not in hospital or institution, give str HOSPITAL OR address or location)	reet	Maryland		12-01
Baltimore City Hospi	tals	C. CITY OR TOWN Baltimore		e RURAL and give township)
4940 Eastern Avenue		D. STREET ADDRESS	(If rural, give location)	
Baltimore, Maryland	21224	113 W. Hill	Street	
5. SEX 6. RACE 7. MARRIED, NEVEL WIDOWED, DIV		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Male Negro Single		1-17-65		1
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSIN	IESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Mary	land9	USA
13. FATHER'S NAME		14. MOTHER'S MAID		
15. Was Deceased Ever in U. S. Armed Forces? 16. SC (Yes, no or unknown) (If yes, give wor or dates of service) SE	CURITY NO.	17. INFORMANT		ADDRESS
	COMMIT NO.	RECORDS: BO	H 4940 Easter	n Avenue 21224
18. 771.51	CAUSE OF		4/40 Dab 001	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH (This does not meon the mode of dying, e.g.,	(A) Res	piratory Fai	lure	Began
heorl foilure, osthenio, etc. It means the disease, injury or complication which coused death,)	20110			Prom
ANTECEDENT CAUSES	(B) Hemo:	rrhagic Dise	ease	from
DISEASES OR CONDITIONS, if ony, giving	DUE TO			
rise to the obove couse (A) stoting the	(c) Imm	aturity		birth
UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			to the little Com-	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	OPERATION	20A. AUTOPSY? (Ye	s or No. 20B. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
		Yes	Yes	
OR CONTRIBUTING CAUSE OF home, form		or obout 21C. WHERE INJURY OC		nore City, give exact location)
U				
OF INJURY	RY OCCURRED Not While		ID INJURY OCCUR?	
(APPROX.)	At Work			
22. I certify that (I) (this hospital) ottended the dec	eased from	January 17,	19 65 to Je	inuary 18, 1965
that (I) (we) last saw the deceased alive on	January 18	19.65	ond that in(my) (our) o	pinion deoth occurred on the dot
and hour and from the causes stated above. (I) (We)	(did) (did not) v	iew the body ofter o	leoth.	
23A. SIGNATURE				23 B. DATE SIGNED
Si Wayne Min	M.D. Atte	nding Med.	Stolf Phys.	1-18-65
23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS		
5. wayne Alein	M.D.	4940 E	astern Avenue	21224
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of REMOVAL (Specify)	CEMETERY OF CRE	MATORY		(City, lown, or county) (Stole)
•	ore City	Hospitals	Baltimore, Mar	yland
Gremated 1-20-1965 Baltimo		25C. FUNERAL DI	RECTOR	ADDRESS
JAN 26 1965 Robert E.	Jankey M. A		*	

VS 150-REV. 1/1/65



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	- 0000		BALTIMORE CITY	HEALTH DEPART	MENT		65	0000
	5 0889		CERTIFICA	TE OF DE	ATH	Registered Na.	00	0889
M.E. CASE NO.	EASED			]2,	DATE AN	ID HOUR OF DEATH		
Type or Print)	Her	bert Ne	ewell Gerry		J	January 24,	1965	
PLACE OF DEA	TH IN BALTIMORE, MA			4. USUAL RESIDE	B. COUN	re deceased lived. If in	stitution: reside	nce before admission
FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hospital oddiess or location		give street	Maryla	N (If out	tside city limits, write	RURAL ond giv	e townshipl
230	00 Garrison	Blvd.		Baltimo		rurol, give locotion)		
				2300 Ga		on Blvd.		
- SEX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	If Under 1 Y	r. If Under 24 Hrs Hours Min.
Male	White		idowed	Aug. 16, 18	371	93	Months	Hours Min.
	JPATION (Give kind of work working lite, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tote or forei	gn country)	12. CITIZEN WHAT	OF COUNTRY?
_	ance -			Port De	100		U.S.	Α.
3. FATHER'S NAM	A E			14. MOTHER'S MA	AIDEN NA	ME		
Lu	cius A.C. G	erry		Jar	ne A.	Vanneman		
S. Wos Deceased Yes, no or unknown	Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			AD	DRESS
No				J. L. Ger	rry 43	306 Ridgewo	od Ave	nue
OTHER SIGNII	OR CONDITIONS, if above cause (A) CONDITION lost.  FICANT CONDITIONS CEATH BUT NOT RELA	Stating the		rlity	3			
19A. DATE OF	OPERATION 19B. CON WAS PER	DITION FOR Y	WHICH OPERATION	20A. AUTOPSY?	(Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS COUSES OF DEA	NSIDERED TH?
OR CONTRIBU	NT WAS UNDERLYING CAUSE OF	21 B. hom etc.	PLACE OF INJURY (e.g., in te, form, foctory, street, of	or obout 21C. WHE	ERE DID	(If in Boltimore	City, give ex	oct locotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED  ile At Not While tk At Work		N DID INI	URY OCCUR?		
	that (1) (this hospital		1 - 1-47	17		145 10 Ju		
	last saw the decease		191			at in (my) (bur) api	nion death a	ccurred an the do
		ed above. (I	)((Me) (did) (did not) v	tew the body afte	er deoth.		Hantan de Com	
23A. SIGNATU	Mph.	nefor	really M.D. Atte	nding A Med	d.	Stoff Phys.	23B. DATE SI	GNED -/65
23C. PHYSICIA NAME (T)	Ms Pau	1 Bye	1/4 M.D.	58 VV	110	rle Rd	Balt	1 / x M
REMOVAL (S	MATION, 248. DATE	24C.N/	AME OF CEMETERY OF CRE	MATORY	924D. L	OCATION (Ci	ty, town, or co	unty) (Store)
Burial	1/27/6		enmount Cem	etery	Ba	ltimore, Ma	arvland	
2SA. DATE REC'D	BY HEALTH DEPT.	258. NAME C	F REGISTRAR	25C. FUNERAL	DIRECTOR	meral		ADDRESS

JAN 26 1965 Robert E. Jankey MA Ellsworth Armacost 4600 Liberty Heights VS 150-REV. 1/1/6S

, i j

A. Halstead 918 DruidHill Ave.

VS 151-REV. 1/1/65

AND - REFER NORTH BY BA Europoole I . The Lordon Land Land Control at Land Control WAR BEEFE ME BUC her WILL.

24C. FUNERAL DIRECTOR

William C. March 928 E. North Ave.

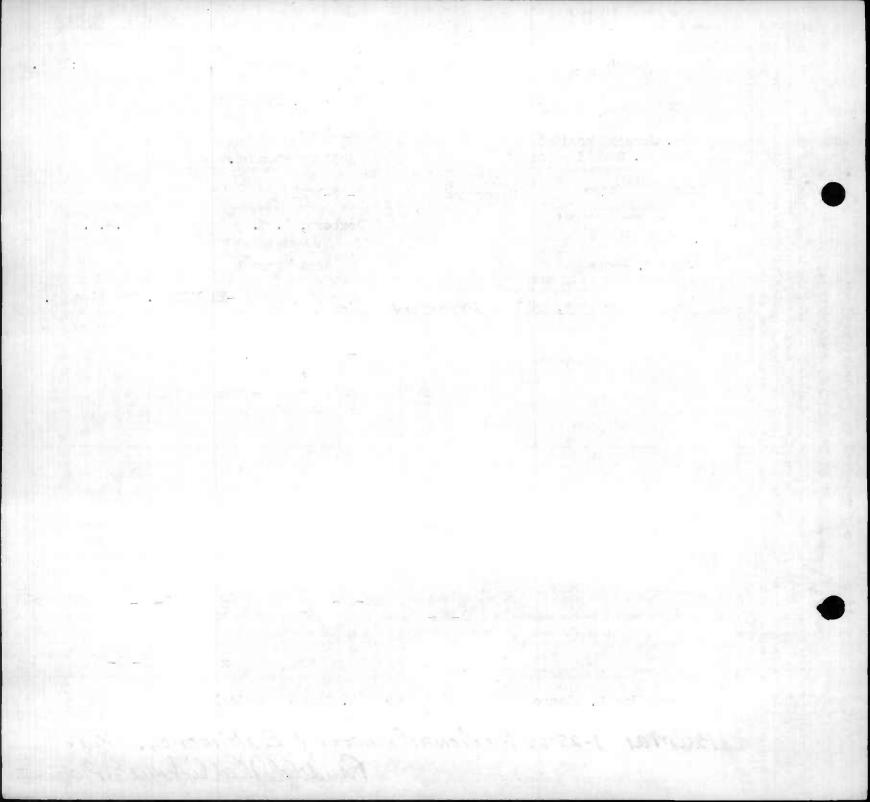
24A. DATE REC'D BY HEALTH DEPT.

24B, NAME OF REGISTRAR

THE STREET POST OF THE SEAL Till evi enden Market was bed A 28 45 Course of the first Course of the Co

7		or contributing cause of death or contributing cause of death indetermined cause; (5) Deceased s in regular attendonce on the deceased prior to death. Such ition is made.
Body released by Medical Examiner	FUNERAL DIRECTOR: IMPORTANT	This certificate must be opproved by the chief medical examiner or his assistant if deoth occurred in o hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A frocture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at o hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular ottendance on the deceased prior to death. Such written approval must be obtained before the remains are embolmed or final disposition is made.

	OF	0000		BALTIMORE CITY	HEALTH DEPARTMENT			
	н но. 65	0892		CERTIFICA	TE OF DEATH	Registered Na.	_65	0892
1, N	AME OF DECEA	SED			2. DATE A	ND HOUR OF DEATH		•
Тур	e or Print)	hnH4ones			Janua	ary 20, 1965		5:25 A. N
3. P	LACE OF DEAT	IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Who	ere deceased lived. If i		nce before odmission)
							-	17
F	ULL NAME OF	(If not in hospital oddress or location		give street	Maryland, KXX	utside city limits, write	RURAL and give	e township)
11	NOITUTION					oration city tititing, white	NORME ON GIVE	i i i i i i i i i i i i i i i i i i i
	St. Jos	seph Hospita	1		Baltimore D. STREET ADDRESS (IF	rurol, give location)		
		Caroline S			1631 Preston	St. / FAST		
. s	FY  6.	RACE	7. MARRIED.	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Ye	r. If Under 24 Hrs.
	Male	Negro	Sepe	erated (specily)	5-18-1924	lost birthdoyl	Months Doys	s Hours Min.
		ATION (Give kind of work rking lile, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		12. CITIZEN C	OUNTRY?
	On Pensi				Roxboro, N. C	•	U.S.	.A.
3.	FATHER'S NAME		1		14. MOTHER'S MAIDEN NA	ME		
	John C.	Jones			Rosa Barn	nett		
S. Y	Nos Deceosed E	ver in U. S. Armed For f yes, give wor or dote	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT			DRESS
. 63				216.44 =0.44	Marcella Dunl	ap - 1720	N. Caro.	line St.
_	yes	October,	7747	CAUSE O	(sister)		INTE	RVAL BETWEEN
ATION	heort foilure, or injury or compl  AN  DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIT TO THE OEA	meon lhe mode of sthenio, etc. II meons icolion which coused ITECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION lost.	ony, giving stoling the	n IB) Hype DUE TÔ (C)	emorrhage, righ rtensive cardio disease			
ERTIFICA	19A. DATE OF C	PERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or N	10) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CON	NSIDERED TH?
AL C	21 A. ACCIDENT OR CONTRIBUTI DEATH Inotily II	WAS UNDERLYING CAUSE OF		ne, form, foctory, street, of	or obout 21 C. WHERE DID	(If in Boltimo	re City, give exc	oct locotion)
DIC	21 D. TIME (	Month) (Doy) (Year)	(Hour) 21E	. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		•
ME	OF INJURY		Wh	ile At Not Whil				
			Wo					
				he deceased fram	1-19- 1965 and t	.19 <u>.65</u> ta	1-20-	ccurred an the dat
	and hour and	fram the causes sta	ted above. D	(We) (did) (MICHAEL V	iew the bady after death.			
	23 A. SIGN AT URE				,		23B. DATE SIG	GNED
	Bearing	redino 6	7 131	M.D. Alle	ending Med. Director	Stoff Phys.	1-20-6	65
			· · ·		23D. ADDRESS	rnys.		
	NAME Typ							
		ino A. Alons		M.D.	St. Joseph Ho			
24A	REMOVAL (Sp.	ATION, 248. DATE	24C. N.	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	City, town, or co	unty) (Stote)
75A	BELY I A	1-25-	65 NA 1258, NAME O	etional Ce.	netery B	altimon	e, 1	ADDRESS
	1/	N 2 6 1965		E. Farluma	Q 1.0.11	18,000	2.11.56	De A =
	J.	414 Z 0 1303	Wolsen	C' domina	Danaoque	JI LOUNCE	14/261	Preson
VS	150-REV. 1/1/65				00	1	,	**



VS 151-REV. 1/1/65

BIRTH NO. BALTIMORE CITY HEALT	TH DEPARTMENT 65 0893°
M.E. CASE NO. 59369	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
JOHN GILCHRIST	January 19, 1965 9:38 p M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
NSINO IION	Baltimore 0/
Johns Hopkins Hospital	D. STREET ADDRESS (If rural, give location)
* * * * * * * * * * * * * * * * * * * *	1/20 Orleans St.  B. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr. If Under 24 His.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	lost birthdoy! Months Doys Hours Min.
male colored Single	11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF
IDA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY done guring most of working life, even if retired)	11. BIRTHPLACE (State of foreign country)  12. CITIZEN OF WHAT COUNTRY?
Laborer CONSTRUCTION	13 A THINONE, MAILEN NAME
E Milal	4A · · · · · · · · · · ·
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	D D DOVE !
NO S17-24:5858	KOSETTA BOYNTON 918 N. CRIPOLINE
1B. GAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	wound of left chest
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	wound of fert chest
injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
(C)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUT NOT BELATED TO THE	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes Yes or No.   208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ZIA. EXTERNAL CAUSE WAS   218, PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID (If in Boltimore City, give exact location)
21A. EXTERNAL CAUSE WAS O UNDERLYING FOR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	
Street    2   Street   Street	1500 Block Ashland Avenue
(APPROX.) 1 19 65 3 WHILE AT NOT WORK	WHILE TX Stabbed
22.	OKK
I certify that I held an Inquiry Inspection Aut	apsy X and that on this basis, death In my apinian
resulted from: Natural causes Accident Suicide	
ACTUAL MY TO	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER 3
EXAMINER'S Rudiger Breitenecker	ASSOCIATE MEDICAL EXAMINER
NAME (Type) RUGIGET BY ELECTRICAL PROPERTY OF THE PROPERTY OF	CREMATORY 23D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	R D D 110 A
13un 12/ 1-23-65 Mt. Celvan 24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	V CMEV. HANNETTRUNDEL CO, MA.
A 40 m	P 10108 1010
JAN 26 1965 Robert E. tarbey M. A	Nandolde J. Collect 14/2 E. Preston

andolfly. Collick 1412 E. Preston St.

Paperial 1-23-65 MCColvary Coney Pame Amundel Cont

was D.O.A.

the body

shows:

CERTIFICATION

MEDICAL

OF INJURY

(APPROX.)

Such

(5) Deceased of death 0

attendance CGUSE

I. NAME OF DECEASED Type of rintl  Mosby, Mary  3. PLACE OF DEATH IN BALTIMOR, MARTLAND  FULL NAME OF HOSPITAL OR Oddress or locotion)  St. Joseph Hospital  St. Joseph Hospital  5. SEX  6. RACE  Female  Negro  10. MARRIED, NEVER MARRIED (Specify)  10. USUAL OCCUPATION (Give hind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?  Wide, no or unknown) [II] yes, give wor or doles of service)  13. FATHER'S NAME  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, e.g., head foliure, osihenio, etc. II means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  (B)  12. DATE OF DEATH  13. PATHER'S NAME  14. MOTHER'S MANE  CAUSE OF DEATH  ONSET AND DEAT  (A)  Thrombosis of basilar artery  DUE TO  ANTECEDENT CAUSES  (B)	BALTIMORI	0004	Y HEALTH DEPARTMENT	0001
I. NAME OF DECEASED   Mosby, Mary   January 21, 1965   7:40	CERTIF		ATE OF DEATH Registered No.	0894
Mosby, Mary  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF HOSPITAL OR INSTITUTION  St. Joseph Hospital  St. Data of Birth  St. Joseph Hospital  St			2. DATE AND HOUR OF DEATH	
FULL NAME OF HOSPITAL OR INSTITUTION  St. Joseph Hospital  St. Joseph Ho		ne or Print)		40 4
FULL NAME OF HOSPITAL OR INSTITUTION  St. Joseph Hospital  St. Joseph Ho				
HOSPITAL OR INSTITUTION  St. Joseph Hospital  C. CIT OR TOWN (If outside city limits, write RURAL and give township)  Baltimore  D. STREET ADDRESS (If rurol, give location)  1738 E. Lanvale St.  S. SEX  6. RACE  Negro  Negro  Nogro	4D	LACE OF DEATH IN BALTIMORE, MARYL		before odmission)
Baltimore  D. STREET ADDRESS (If rurol, give location)  1738 E. Lanvale St.  S. SEX  6. RACE  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  11-28-1896  11-28-1896  11-28-1896  11-28-1896  12. CITIZEN OF WHAT COUNTRY?  Virginia  13. PATHERS NAME  14. MOTHERS MAIDEN NAME  15. Wed Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II) yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  CAUSE OF DEATH  (This does not mean the mode of dying, e.g., heart follow), solden on which coused death.)  ANTECEDENT CAUSES  (B)  Baltimore  D. STREET ADDRESS (If rurol, give location)  1738 E. Lanvale St.  8. DATE OF BIRTH  9. AGE (In years literated)  11-28-1896  11-28-1896  9. AGE (In years literated)  9. AGE (In years literated)  11-28-1896  11-28-1896  11-28-1896  9. AGE (In years literated)  11-28-1896  11-39	titution, give street	HOSPITAL OR oddress or locotion)		township)
St. Joseph Hospital    D. STREET ADDRESS (If rurol, give location)     1738 E. Lanvale St.     1838 E. Lanvale St.     1839 E. Lanvale St.     1840 E.		NSTITUTION		
1738 E. IANVALO St.  5. SEX  6. RACE  Negro  10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?  Virginia  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. Web Deceased Ever in U. S. Armed Forces?  (Ves, no or unknown) (II) yes, give wor or dates of service)  16. SOCIAL  SECURITY NO.  CAUSE OF DEATH  (This does not mean the mode of dying, e.g., heart foilure, osthemic, etc. II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (B)				
Female  Negro  10A USUAL OCCUPATION (Give kind of work)  None doine during most of working life, even if relired)  13. FATHER'S NAME  15. Web Deceesed Ever in U. S. Armed Forces?  (Yes, no or unknown) (II yes, give wor or dotes of service)  16. SOCIAL  CAUSE OF DEATH  (This does not meen the mode of dying, e.g., heard foliure, osthenio, etc. II meens the diseose, injury or complication which coused death.)  ANTECEDENT CAUSES  7. MARRIED, NEVER MARRIED  (NEVER MARRIED (SOCIAL SIGNE)  11-28-1896  8. DATE OF BIRTH  (P. AGE (In yeors lost lost lord post lost birthday)  9. AGE (In yeors lost lost lost lost lost birthday)  11-28-1896  9. AGE (In yeors lost lost lost lost lost lost lost los	ospital	St. Joseph	D. STREET ADDRESS (If rurol, give location)	
Female Negro  WIDOWED, DINORCED (specify)  11-28-1896  103. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY)  Adone during most of working file, even if relired)  12. CITIZEN OF WHAT COUNTRY?  WHAT COUNTRY?  Virginia  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. Well Deceesed Ever in U. S. Armed Forces?  Yes, no or unknown) (III yes, give wor or doles of service)  16. OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY)  17. BIRTHPLACE (Stole or foreign country)  WHAT COUNTRY?  WHAT COUNT				
Female Negro  10. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY)  11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?  WHAT COUNTRY?  Virginia  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. Web Decessed Ever in U. S. Armed Forces?  (Yes, no or unknown) (III yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  CAUSE OF DEATH  (This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. II meons the diseose, injury or complication which caused death.)  ANTECEDENT CAUSES  (B)  11. DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (A) Thrombosis of basilar artery  DUE TO  (B)				If Under 24 Hrs.
done during most of working life, even if refired)  At Lome. Virginia  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. Web Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or doles of service)  16. SOCIAL SECURITY NO.  NONE Sanah Mosky / 738 F. Lawales  CAUSE OF DEATH  (This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. II meons the diseose, injury or complication which coused death.)  ANTECEDENT CAUSES  WHAT COUNTRY?  Virginia  16. SOCIAL SECURITY NO.  Sanah Mosky / 738 F. Lawales  (A) Thrombosis of basilar artery  DUE TO  (A) Thrombosis of basilar artery  DUE TO  ANTECEDENT CAUSES  (B)	WIEDW	'emale Negro	11-28-1896 68	Hours
13. FATHER'S NAME  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. Wol Deceosed Ever in U. S. Armed Forces? (Yes, no of unknown) (III yes, give wor of doles of service)  16. SOCIAL SECURITY NO.  18. CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meon the mode of dying, e.g., heori foilure, osthenio, etc. II meons the diseose, injury or complication which coused death.)  ANTECEDENT CAUSES  (B)	KIND OF BUSINESS OR IND		11. BIRTHPLACE (Stole or foreign country)	
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. Wor Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or doles of service)  16. SECURITY NO.  18. CAUSE OF DEATH  17. INFORMANT  CAUSE OF DEATH  ONSET AND DEATH  (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. II meons the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  14. MOTHER'S MAIDEN NAME  17. INFORMANT  CAUSE OF DEATH  Thrombosis of basilar artery  DUE TO  (A) Thrombosis of basilar artery  DUE TO	/	e during most of working life, even if retired)		
15. Wed Deceased Ever in U. S. Amned Forces? (Yes, no or unknown) (II yes, give wor or dotes of service)  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  16. SOCIAL SECURITY NO.  NONE Sanaly Mosky / 738 F. Lawyales.  CAUSE OF DEATH  (A) Thrombosis of basilar artery  DUE TO  (B)	A+ HOME	DOMPSTIC	Virginia 7, S	171
15. We Deceased Ever in U. S. Amfed Forces? (Yes, no or unknown) (II yes, give wor or doles of service)  16.	7-0-10015-	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. Wo Deceosed Ever in U. S. Améd Forces? (Yes, no or unknown) (II yes, give wor or dotes of service)  16. OLIVE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. II meons the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  16. SOCIAL SECURITY NO.  17. INFORMANT  SAMED DISTANCE  17. INFORMANT  SAMED DISTANCE  CAUSE OF DEATH  (A) Thrombosis of basilar artery  DUE TO  DUE TO  (B)		Tale Olant	Any Maria	
(Yes, no or unknown) (II yes, give wor or dotes of service)  NONE Sanah Mosky /738 F. Lawale S.  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  SECURITY NO.  NONE Sanah Mosky /738 F. Lawale S.  CAUSE OF DEATH  (A) Thrombosis of basilar artery  DUE TO	II 6 SOCIAL	JOHN CON	TY INCORNANT	ECC
ONSET AND DEAT  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meon the mode of dying, e.g., heard foilure, osthenia, etc. II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  ONSET AND DEAT  (A) Thrombosis of basilar artery  DUE TO			THE OWNER OF THE OWNER OWNE	
ONSET AND DEAT  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meon the mode of dying, e.g., heard foilure, osthenia, etc. II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  ONSET AND DEAT  (A) Thrombosis of basilar artery  DUE TO	NONE	No	Sanah Mosty 1738 F. Lanvi	7/0.St,
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (A) Thrombosis of basilar artery  DUE TO	CAL	18. 9 9 9	OF DEATH INTERV	AL BETWEEN
LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  (A) Thrombosis of basilar artery  DUE TO	v	DISEASE OF CONDITION DIRECT	ONSET	AND DEATH
heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  (B)				
heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  (B)	(A)		rombosis of basilar artery	
ANTECEDENT CAUSES (B)	diseose,	heart failure, asthenia, etc. It means the		
DUE 10	(B)	ANTECEDENT CAUSES		50 40 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
DISEASES OR CONDITIONS, if ony, giving tise to the obove couse (A) stating the (C) UNDERLYING CONDITION lost,		tise to the obove couse (A) sto		# 00 # 0 # 0 # 0 # 0 # 0 # 0 # 0 # 0 #

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198. CONDITION FOR WHICH OPERATION WAS PERFORMED 9A. DATE OF OPERATION

20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

19 65 to January 21.

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined etc.

21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR?

21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

(Doy) (Year) While At Work

Not While Al Work

22. I certify that (I) (this hospital) attended the deceased from January

that (I) (we) lost saw the deceased olive on January 21, 19 65 ond that in (my) (our) opinion death occurred on the date

and hour and fram the couses stoted obove. (1) (We) (did) (did nat) view the body ofter deoth. 23A. SIGNATURE

23 C. PHYSICIAN'S

Atlending Phys. M.D.

Med. Director 23D. ADDRESS

Stoff Phys.

January 21, 1965

William B. VandeGrift, BURIAL CREMATION,

M.D. 24C. NAME of CEMETERY

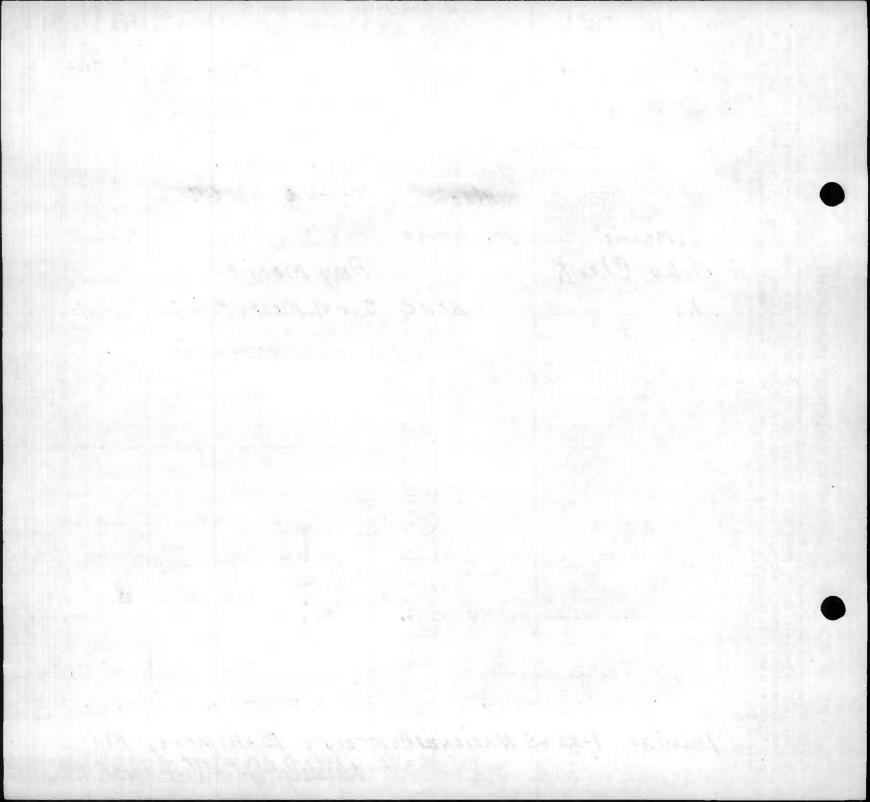
1400 N. Caroline St., Baltimore, Md. 21213

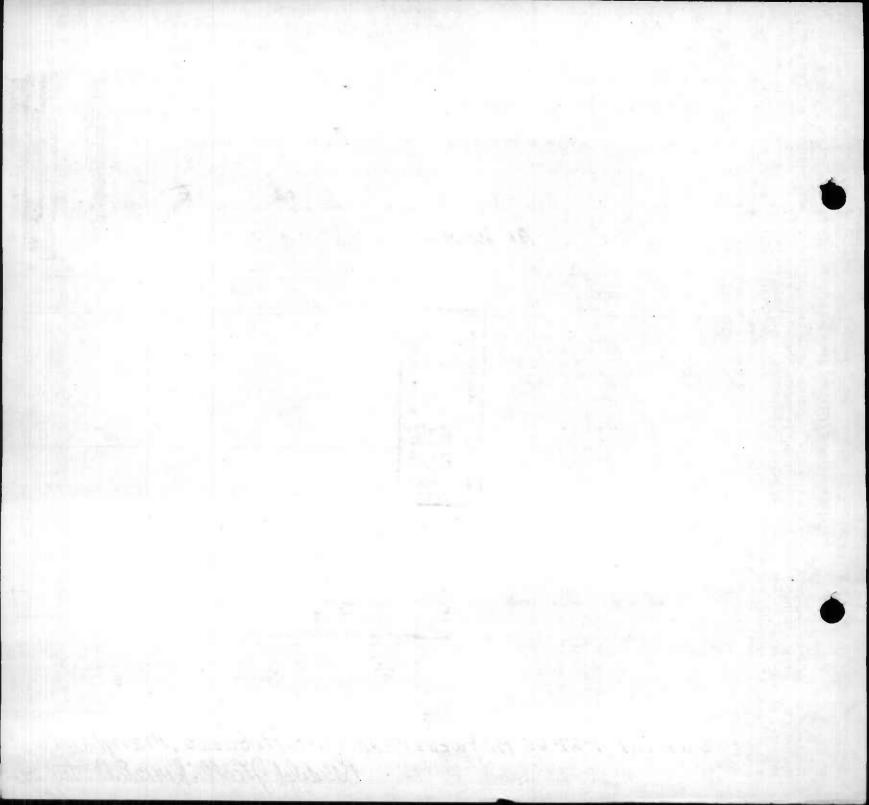
23B, DATE SIGNED

(If in Baltimore City, give exact location)

VS 150-REV, 1/1/65

REMOVAL (Specily)





0896 65 BIRTH NO. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

Registered Na.

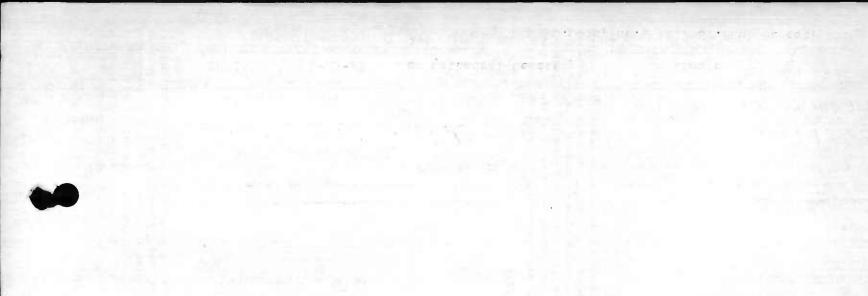
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M.	E CASE NO.	CERTITICA	TE OF DEATH	
1. NAME OF DECEASED  2. DATE AND HOUR OF DEATH  (Type or Print)				- 575
(Type or Print) MARY LOUISE MULLER			HORNER JAN 20 1965 8- Pm.	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)  A. STATE B. COUNTY				
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)			C. CITY OR TOWN (If autside city limits, white RURAL and give township)	
Mercy Hospital			Baltimore	
			D. STREET ADDRESS (If rurol, give locotion)	
			1410 St P	.1 5+
			B. DATE OF BIRTH 9, AGE (In years	If Under 1 Yr. If Under 24 Hrs.
3. 3		OWED, DIVORCED (specify)	lost birthdoy)	Months Doys Hours Min.
P W 4-1-8/ 77				
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dosmetic			Toolows	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	U.S.A.
1.0.	T I			
Notin Turnell			Kathleen Stin	naler,
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(If yes, give wor or dotes of service)  SECURITY NO. 220-14-3622 Mrs. Mary Dixon, 2				ore Streetm21223
	18. 2043 - 260 X CAUSE OF		F DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		A 100 A	ONSET AND DEATH
	LEADING TO DEATH		te Myelogenous Leukomi	u Weeks
	(This does not mean the made of dying, e.g., DUE TO			
	heart failure, asthenia, efc. Il means the disc injury or complication which caused death.)	eose,		
	ANTECEDENT CAUSES	(B)		
	DUE TO			
	DISEASES OR CONDITIONS, if any, gi			
	UNDERLYING CONDITION lost.			
	II - Arito Proelonephintis NEEKS			MICEKE
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		The officers	001212103
ATIO	TO THE DEATH BUT NOT RELATED TO THE - Dia be		eles Mellitus	YRS
ERTIFIC A	2 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. (F Y) WAS PERFORMED		20A. AUTOPSY? (Yes or No.) 20B. FF YES, WERE FILIN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
ERI	760			
AL C	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID (If in Boltimore fice bldgs. INJURY OCCUR?	City, give exact location)
EDIC	21D. TIME (Manth) (Doy) (Year) (Haur)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
ME	OF INJURY	While At Not While		
-	(APPROX)	Work At Work		The second second second
	22. I certify that (I) (this haspital) attended the deceased from JAN / 1965 to JM 30 1965,			
	that (1) (we) lost saw the deceased olive on TAN 20 19 6 5 and that in(my) (pur) opinion death accurred on the date			
	and hour and fram the causes stated above. (1) (We) (did) the bady ofter death.			
	23A. SIGNATURE			23B. DATE SIGNED
-	Melean	Dell M.D. Atte	ending Med. Stoff s. Director Phys.	1-21-65
	23C.PHYSICIAN'S NAME (Type)	J	23D. ADDRESS	3 - 1 10-2
	WILLIAM K.	LAW M.D.	301 21.11100 7 = 1	BALTO. MD 21207
244	REMOVAL (Specify) 248. DATE 24	C. NAME of CEMETERY OF CRE	EMATORY 24D. LOCATION ICity.	town, or county) (Stote)
	BURIAL 1-25-65	New Cathedral Ce	emetery Baltimore	

JAN 26 1965

Wm.Cook, Inc., 1217 ST.Paul Street, 21202

VS 150-REV. 1/1/65













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Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND, HOUR, OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) B. COUNTY A. STATE FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location CITY OR TOWN (If outside city limits, write RURAL and give township) UNIVERSITY D. STREET ADDRESS UNCAN mad 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys WIDOWED, DIVORCED (specify) st birthdoy 56 M XXXX08 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF disposition done during most of working life, even if retired) Westville, Penn Buch but Foods Executive 13. FATHERS NAME 14. MOTHERS MAIDEN NAME John Kerry Julia Alburg 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 16. SOCIAL final (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. NO Goldie Kerry, 948 Duncan Ave., 121-12-4082 CAUSE OF DEATH 9 18. DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, heart failure, osthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last. remains ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? ore 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF bef DEATH (notify medical examiner) etc.) MEDI obtained 21 D. TIME (Hour) (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While [ While At (APPROX) At Work Work 22. I certify that (1) (this hospital) attended the deceased from... Jan-22 19 65 to. 19 65 and that in (my) (our) opinion death occurred on the date that (I) (we) lost sow the deceased alive on... and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATUR 23B, DATE SIGNED Attending M.D. Med. Phys. Director \_ approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type HERBERT A. KUSHNER 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 1-22 deceased written ap 24C, NAME of CEMETERY of CREMATORY (City, town, or county) 1-22-65 Rochester, New York 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR Wm.Cook, Inc., 1217 St.Paul Street 21202

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours

WHAT COUNTRY?

U S.A.

ADDRESS

YEADON, Pa.

ONSET AND DEATH

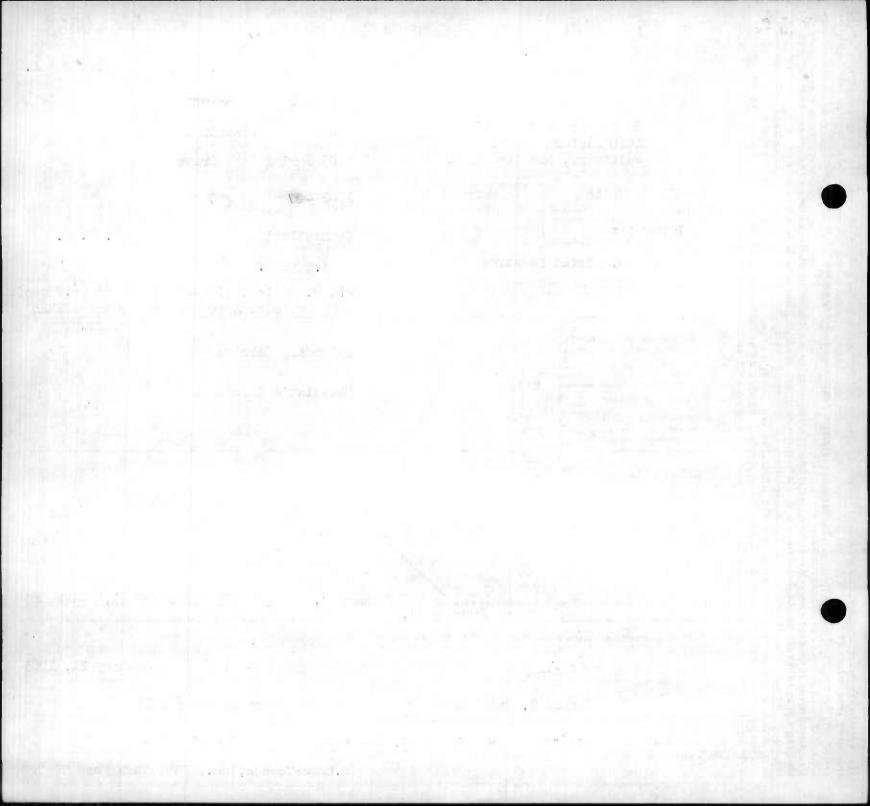
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			BALTIMORE CITY	HEALTH DEPART	MENT	CF OS
BIRTH NO.	5 0898		CERTIFICA	TE OF DEA	TH Registered No	. 65 0898
M.E. CASE NO.	FASED	н.			DATE AND HOUR OF DEAT	u
Type or Print)					January 21, 196	
B. PLACE OF DE	ATH IN BALTIMORE, MA	a Gille	t te	4. USUAL RESIDEN	ICE (Where deceased lived, If	institution: residence before admission)
FULL NAME O	F (If not in hospital oddress or location		give street	Marylando, city or town	d Harford	Bello.
INSTITUTION	Baltimore Ci 4940 Eastern	ty Hosp	tials	RURAL D. STREET ADDRES	Timonium,	e RURAL ond give township)
	Baltimore, M		21224		ring Lake Drive	
S EX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
Female	White	MIDOWE	o, DIVORCED (specily)	12-25-0		Months Doys Hours Min.
		LIOB, KIND OF	BUSINESS OR INDUSTRY			12. CITIZEN OF
Hous	working lile, even if retired) ewife			Connect		U. S. A.
3. FATHERS NA		77 1 4		14. MOTHER'S MAI	DEN NAME	
	S. Alfred	Heastro	m	Victo	ria Thor	
5. Was Deceased Yes, no or unknown	Ever in U. S. Armed Fo	rces? es ol service)	16. SOCIAL SECURITY NO.			pring Lake Dr. Timon tern Avenue #21224
18. / C/	9 9		CAUSE O		1 20111 4/40 200	INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	RECTLY				ONSET AND DEATH
	LEADING TO DEATH		(A)	Pulmona	ry Embolus	
	not mean the made of		DUE TO			
	asthenia, etc. It meons nplication which coused					
	ANTECEDENT CAUSES		(B)	Metasta	tic Carcinoma	
DISEASES	OR CONDITIONS, if	anv. aivina	DUE TO			
rise to th	e obove cause (A) G CONDITION last.		(C)		***************************************	
E TO THE D	IFICANT CONDITIONS (SEATH BUT NOT REL	ATED TO TH				
	CONDITION CAUSING		WHICH OPERATION	20 A. AUTOPSY? (	Yes or No. 208 IF YES WEB	E EINDINGS CONSIDERED
ERTE	WAS PER	FORMED	WHICH OFERATION			E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING DUTING CAUSE OF medical examiner)		PLACE OF INJURY (e.g., in the contract of the	n or obout 21 C. WHEF ffice bldg., INJURY O	REDID (If in Boltim CCUR?	ore City, give exact location)
OF INJURY	(Month) (Doy) (Year)	lHour) 21E	. INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?	
OF INJURY		Wh	ile At Not While	е		
					65 To	nuary 21, 19 65
	that (1) (this hospita			anuary 8,	19 65 to Ja	muary 21, 19 05
that (I) (we)	lost sow the decease	ed olive on	oamuary 21,	19 65	ond that in (my) (our) o	pinion deoth occurred on the dot
and hour on	d from the couses sto	ted obove. (	l) (We) (dld) (did not) v	iew the body after	r deoth.	
23A. SIGNATU	JRE 1/6	.1				23 B, DATE SIGNED
	1 Hack	L	M.D. Atte	s. Med.	for Stoff Phys.	January 21, 1965
23C. PHYSICIA	AN'S	NS		23D. ADDRESS	111/3.	
NAME (1	(ype)	T D_1			agtom Arrange #	2222
		K. Rat			astern Avenue #	
24A. BURIAL CRE REMOVAL (	MATION, 24B. DATE Specily)	24C. N.	AME of CEMETERY OF CRE	EMATORY	24D. LOCATION	City, town, or county) (Stote)
BURIAL		65 Du	laney Valley	Gardens	Baltimore (	County
25A. DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL I	DIRECTOR	ADDRESS
	LAN OC TOCK	100 B	E. Farley M.A.			050 York Road TOWSON
VS 150-REV. 1/1/	1711 X 0 1200	Markey			,=,	
13 130-VEA* 1/1/	00					



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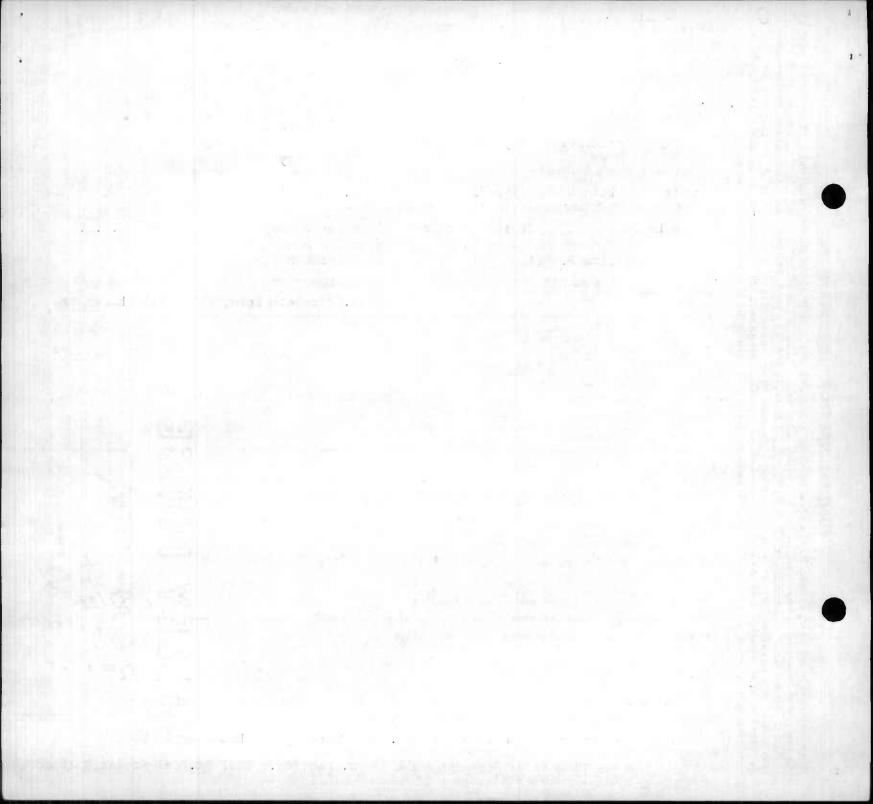
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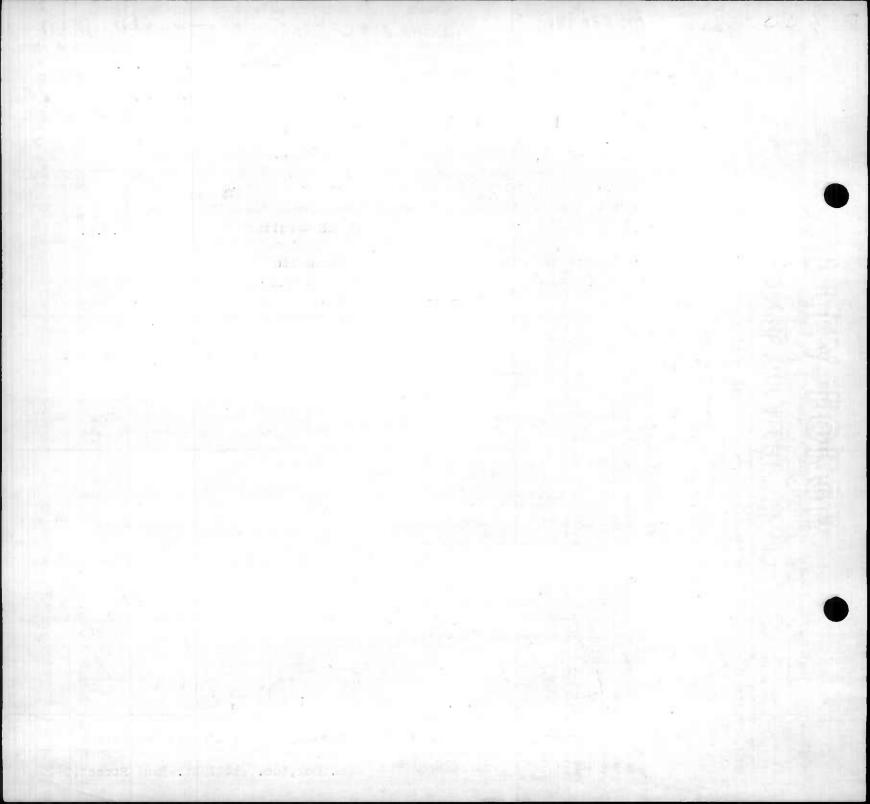
Such Deceased of death no hospital eath. ance (2) cause 0 Undetermined cause; attend 0 prior contributing made. in regular deceased death disposition 0 SD the direct 4 3 assistant if eath On or final ance any pronounced attend Also, embalmed jo fracture examiner regular examiner. who are 4 (3) = physician the remains chief medical medical Was physician the D before (2) the where the hospital ŝ nature; by obtained 9 approved (except and any pe eath) of hospital

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. January 21, 1965 1. NAME OF DECEASED (Type or Print) William M. Helm 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION 2309 Maryland Avenue Baltimore 21218 Baltimore, Maryland 21218 (If rural, give location) D. STREET ADDRESS 2309 Maryland 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months Doys 6. RACE If Under 24 Hrs. WIDOWED, DIVORCED (specify) 10st birthdoy) Hours male white Feb. 12, 1909 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. done during most of working life, even if retired)
Mechanic General Motors New Jersey 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William P. Helm Lida Mills ADDRESS 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT (Yes, no or unknawn) (If yes, give war or dotes af service) SECURITY NO. Mrs.Elizabeth Helm, 1752 North RhadenGion, Va NO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Congertici heart faliere
Arteriorderatichent deserie LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1 sence 4 TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED CERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exact lacotion) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notily medical examiner) (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an. and that In(my) (our) apinion death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE 23B. DATE SIGNED Med. Stoff approval

Attending Phys. Director L Phys. L 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) FRIE DMAN 5211 Harford Road, Baltimore M.D. MARION 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 1-22-65 REMOVAL Chattanooga Mem. Park Cemetery Chattanooga, Tenn 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR Wm.Cook, Inc., 1217 St. Paul Street, Baltimore



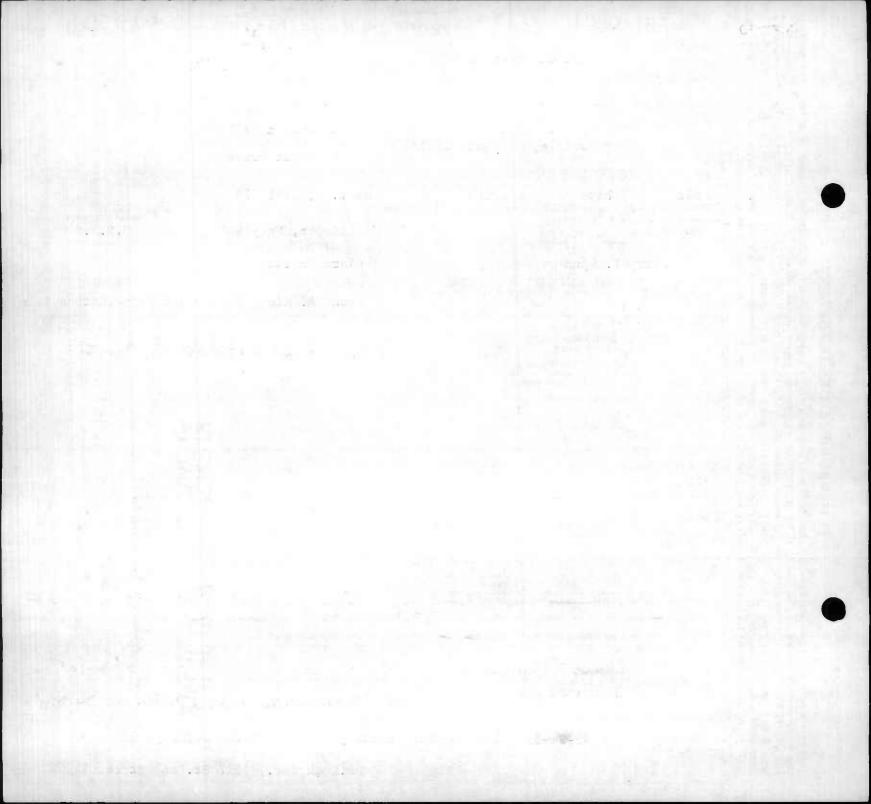
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BIRTH NO		65 (	)900		CERTIFI	CATE	OF DEAT	H '	Registered No	65	<u> </u>	0900
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HOSPI	TAL OR	HNS H	s or location)	S HOSF		c.	CITY OR TOWN BALT I			e RURAL and	give to	wnship)
	В		ORE 5			D.	STREET APPRESS T			ET		
5. SEX	Ε	6. RACE WHIT	neign de	MARRIED, WIDOWEL MARRI	NEVER MARRIED	y) B. C	ATE OF BIRTH	9. A lost	GE (In years bighdoy) XX 63	If Under Months	1 Yr. Doys	If Under 24 Hours M
dape duri	STER	PATION (Given arking lile, ev	kind af work en if retired)	IOB. KIND OF	BUSINESS OR INDI	JSTRY 11.	South Caro		auntry)		EN OF	
13. FATH	ERS NAM		ker Bu	llman		14.	MOTHERS MAIDER Elizabet		(unkn	own)		
(Yes, no o	Deceesed runknawn) O	Ever in U. S (If yes, give	Armed Farc wor or dates	es? of service)	250-16-135	2	MATTIE BU		N 1716		PAU	
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E TO	THE DE	ATH BUT	DITIONS CO	ONTRIBUTING	E							
				ITION FOR	VHICH OPERATION		20 A. AUTOPSY? (Yes	or No) 20 IN	B. IF YES, WER	E FINDINGS CAUSES OF D	CONSIDEATH?	DERED
OR OR O	CONTRIBU	T WAS UNI	DERLYING USE OF	21 B. hom etc.	PLACE OF INJURY e, form, factory, stre	e.g., in ar	obout 21 C. WHERE (bidg., INJURY OCC	DID UR?	(If in Bottim	ore City, give	exoct	location)
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	SIGNATU		0	1			7 3.13.	- C1	0	23B, DATE	SIGN	ED
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23C.	PHYSICIAI	V"S	,			Phys.	ADDRESS HOE	Phys	HOCDI	TAI	1/	
	NAME (Ty	pe)	חחרחר	UDEDO,	MD		EDY WIN	BOAD	WAMD	1 //		
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25A. DA	TE REC'D	BY HEALTH	DEPT.	25B. NAME C	REGISTRADE, H.	0	25C. FUNERAL DIR					DRESS
	11	AN 26	1965	Lest	E. Jankey M.	of.	Wm. COok, I	Inc.,	1217 St.	Paul S	tre	et.212
VS 150-R	EV. 1/1/6	5						Ė				,



			BALTIMORE CITY	HEALTH DEPARTMENT		CT a-
BIRTH NO. 65 M.E. CASE NO.	0901		CERTIFICA	TE OF DEATH		
1. NAME OF DEC	EASED Hele	n Iren	- King		ND HOUR OF DEAT	
					anuary 23,	
S. PLACE OF DE.	ATH IN BALTIMORE, MA	RTLAND		A. STATE B. COU	nere deceased lived. II INTY	institution: residence before admissi
FULL NAME C			, give street	Maryland		
HOSPITAL OR	oddress or locotio					RURAL and give township)
	118 Locust		1 1 01000	Catonsville		33-00
	Catonsvill	e, Mar	yland 21228	D. STREET ADDRESS (1) 118 Locust 1		
S EX	6. RACE	7. MARRIE	D, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 H
male	white		ried (specify)	Sept. 8, 1891	73	Months Doys Hours Min.
OA, USUAL OCC	UPATION (Give kind of wor			11. BIRTHPLACE (Stote or for		12. CITIZEN OF
done during most of working life, even if retired) HOUSewife			Raltimore Mar	WHAT COUNTRY? U.S.A.		
3. FATHER'S NAME				Baltimore, Man		U.S.A.
				14. MOTHER'S MAIDEN NA	AME	
нат	ry L. Wynn			Clara Knotts		
5. Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
53/110 OF UNKING WI	yes, give wor or done	a or service	SECURITY NO.	Frank A. King	g, 118 Locus	st Drive, Catonsvil
18.	10.		CAUSE O			INTERVAL BETWEEN
16	TO CONDITION DE	DECTI V	CAUSE			ONSET AND DEATH
DISEA	SE OR CONDITION DI	KECILT	( )	remona of	150nd da	Manthe
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7	11-					
TO THE D	FEATH BUT NOT RELACED CONDITIONS OF	ATED TO	NG THE			
19A. DATE OF	OPERATION 198. CON WAS PER		WHICH OPERATION	20A. AUTOPSY? (Yes or h	No. 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING DITING CAUSE OF medicol examiner	h	18. PLACE OF INJURY (e.g., in orme, form, foctory, street, of ic.)	fice bldg., INJURY OCCUR?	(II in Beltime	ore City, give exoct locotion)
21D. TIME	(Month) (Doy) (Year)	(Hour) 2	E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY			Vhile At Not Whil	e 🖳		
			Vork At Work			
22. I certify	that (1) (this bespite	H) attended	the deceased fram	Sels	19 65 ta	1/23 1965
that (1) (we	last saw the decease	d alive an	1/22	19 65 and 1	that in (my) (auc) o	pinion death accurred an the
and haur an	d fram the causes sta	ted abave.	(I) (did not) v	riew the bady after death		
23A. SIGNATU						23B. DATE SIGNED
	Gune	2.0_	M.D. Atte	ending Med.	Stoff	1/25/05
23C. PHYSICIA	IN'S .	- wea	Phy	s. Director 23D. ADDRESS	Phys. L	110,10,
NAME (1	ype) W. J. MOL	NA.	M.D.	416 Konsingter	= Re. B	1/25/05 setting 29, mg
4A. BURIAL CRE	MATION, 24B. DATE	24C.	NAME OF CEMETERY OF CRE	MATORY 24D.	LOCATION (	City, town, or county) (State
REMOVAL (	specity?					
BURIAL	1-26	-65	Loudon Park Cen	neterv	Baltimore, Ma	arvland

VS 150-REV. 1/1/65

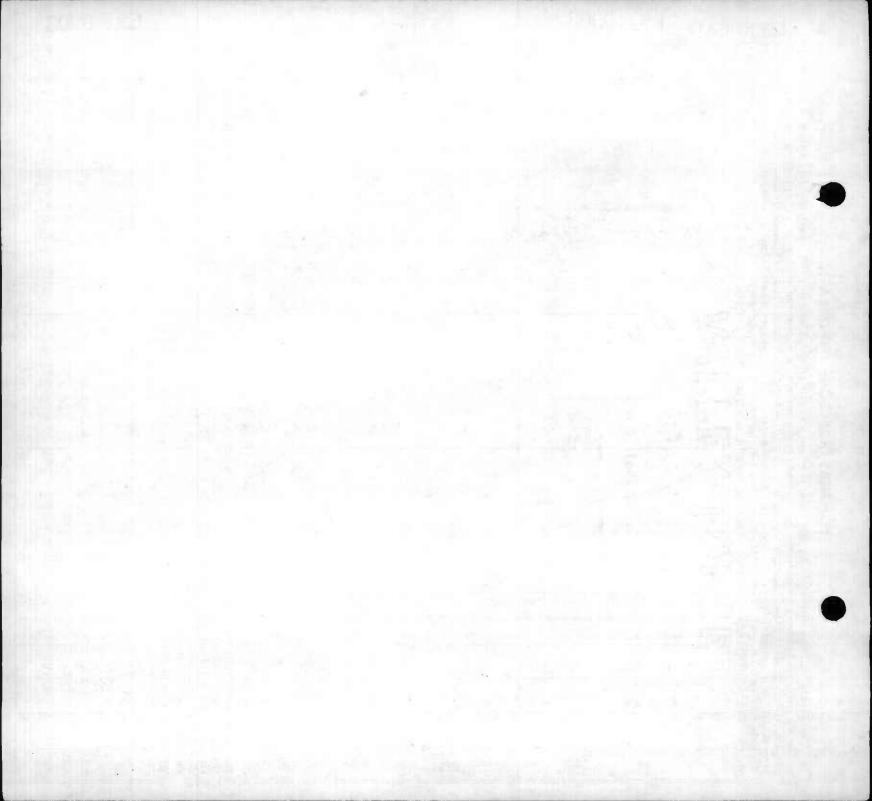
Wm.Cook, Inc., 1217 St.Paul Street, 21202



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FUNERAL DIRECTOR: IMPORTANT	0 10	r. A	ronc	7	
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	rov	1 or V	(except where the physician who pronounced death was in regular attendance on the	pue	
	ddb	fan	e)	); (	
	pe	ed in	pita	ath	
	UST	eas	hos	o de	
	E H	acc	10	or te	4
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	irtif	P =	0.	pes	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	
	Thi	the	W	de	

BALTIMORE CITY	HEALTH DEPARTMENT		05		
CERTIFICA		Registered No			
agers			4 4 4		
n, give street	A. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission at STATE B. COUNTY  Maryland  C. CITY OR TOWN (If outside city limits, write RURAL and give toynship)  Baltimore 21230				
neral Hospital					
VED, DIVORCED (specify)	B. DATE OF BIRTH Oct. 30, 1889	9. AGE (In years lost birthdoy) 65	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	11. BIRTHPLACE (Stote or fore Maryland	ign country)	12, CITIZEN OF WHAT COUNTRY? U.S.A.		
1 6. SOCIAL SECURITY NO.	Clarence Maga	0007 - 1	ADDRESS		
	DEATH		ONSET AND DEATH		
DUE TO	eanilai A	isease	about 10 yr		
R WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WER	FINDINGS CONSIDERED		
nome, form, foctory, street, o	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltim	ore City, give exact location)		
While At Not Whil	е	URY OCCUR?			
1/00/	1. 4		pinlan death accurred on the dat		
M.D. Atte	ending Med. S. Director	Stoff Phys.	238, DATE SIGNED 1/25/6 5		
Vgev , M.D.	912 Brooks Land		Ce 21217 (City, town, or county) (State)		
ne Grove United	Brethen	Rayville,			
& E. Jarber M.A	Wm.Cook, Inc.,	1217 St.P	aul Street, 21202		
	CERTIFICA  agers  n, give sheet  neral Hospital  ED, NEVER MARRIED (VED, DIVORCED (specify)  ingle OF BUSINESS OR INDUSTRY  (A)  CAUSE OF  (A)  DUE TO  See,  (B)  DUE TO  ING  THE  R WHICH OPERATION  218, PLACE OF INJURY (e.g., interpretation)  Place in the company of the com	A USUAL RESIDENCE (Whe A. STATE B. COUN Maryland C. CITY OR TOWN (If our Baltimore D. STREET ADDRESS (IF 1819 Belt B. DATE OF BIRTH OCt. 30, 1889 OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or fore Maryland 14. MOTHERS MAIDEN NA Lucinda H. SECURITY NO.  16. SOCIAL SECURITY NO.  17. INFORMANT Clarence Mager CAUSE OF DEATH  (A) CAUSE OF DEATH  (A) CAUSE OF DEATH  (B) DUE TO  18. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID tome, form, foctory, street, office bidg., INJURY OCCUR? Proc. 11.  21. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Phys.  21. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Phys.  (A) CAUSE OF DEATH  (A) CAUSE OF INJURY (e.g., in or obout 21C. WHERE DID tome, form, foctory, street, office bidg., INJURY OCCUR? Phys.  (B) DUE TO 19. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Phys.  (C) Altending Med. Director Death Office Death Offic	CERTIFICATE OF DEATH  Registered No. 2. DATE AND HOUR OF DEAT January 23, 1  4. USUAL RESIDENCE (Where decreased lived, if a COUNTY Maryland C. CITY OR TOWN (if outside city limits, with Baltimore 21230)  D. STREET ADDRESS (if jurid, give location) 1819 Belt Street  ED, NEVER MARRIED Oct. 30, 1889 65  OCt. 30, 1889 65  OCt. 30, 1889 65  OCt. 30, 1889 it street  Oct. 30		

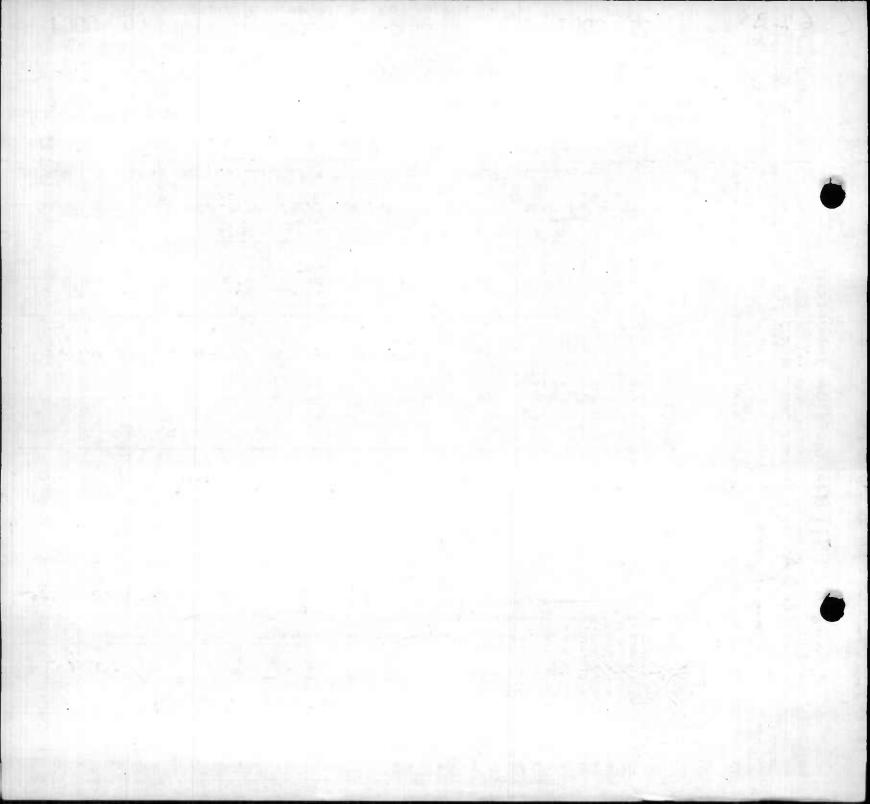
	05	0002		BALTIMORE CITY	HEALTH DEPARTMENT		05 0000	
M.I	CASE NO.	0903			TE OF DEATH	Registered No.	65 0903	
1. N (Typ	AME OF DECI	ASED ( CHA)	- C	Z BER 9		D HOUR OF DEATH	1 4:30	A
3. 1		TH IN BALTIMORE, MA		2 1 2 2	- / -	-	stitution: residence before admis	
	ULL NAME O			give street	M d B. COUN	ITY	26-10	0.011/
1	HOSPITAL OR NSTITUTION	address or tocotion			C. CITY OR TOWN (If ou		RURAL and give township)	
C	HUR	eH Her	ne (	to Hospital	D. STREET ADDRESS (III)	rurol, give locotion)  13024 L	din st	
5. \$	EX	6. RACE		, NEVER MARRIED		9. AGE (In years lost birthdoy)		Hrs.
143	m	w	MA	D, DIVORCED (specify)	2 - 14 - 04 11. BIRTHPLACE (State or fore	lost birthdoys	II Under 1 Yr. If Under 24 Months Doys Hours Mi	n.
don	during most of v	PATION (Give kind at work arking life, even if retired)	108. KIND O	F BUSINESS OR INDUSTRY	111. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?	
Be		EM STERL	Co.	Mechanic	Md Balt	imore	USA	
			-					
15.	Was Deceased	TIAN FI	126	ERGERZ 116. SOCIAL	DOYTHEA	BULK	2 C H	
(Yes	, no ar unknawn)	(II yes, give war ar date	s of service)	SECURITY NO.	17. INFORMANT 433	North Boul	din Street	
	NO		212	05 8574	Mrs Mildred	E. Fitzbe	erger	
	18. 24	/X 1		CAUSE O	F DEATH		INTERVAL BETWEEN	
		E OR CONDITION DIR LEADING TO DEATH	ECTLY	C	Ardine	ArVFST		
		of mean the made of asthenio, etc. It means		, DUE TO	7///	***************************************		
		olication which coused	death.)	. C. H	RANIE B	FANCHI	1	
		NTECEDENT CAUSES		DUE TO	ROMIC B 15+HMA, E	m phi150	ENA	
	rise to the	R CONDITIONS, if above cause (A) CONDITION lost.		(c) P	JEUMONI			
MOIL	TO THE DE	ICANT CONDITIONS C ATH BUT NOT RELA CONDITION CAUSING I	TED TO TH	IG HE				
2	19A. DATE OF			WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES. WERE	FINDINGS CONSIDERED	
ERTIFIC	2	WAS PERF	ORMED		125	IN CERTIFYING CA	USES OF DEATH?	
AL CE	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examiner)		me, larm, factory, street, a	n or about 21C. WHERE DID flice bldg., INJURY OCCUR?	(If in Baltimare	City, give exact location)	
DIG	21 D. TIME	(Month) (Doy) (Year)	(Haur) 211	E INJURY OCCURRED	21F. HOW DID INJ	LIBY OCCUP?		
ME	OF INJURY (APPROX.)	(	W	hile At Nat While	e 🦳	OKT OCCOR:		
	22. I certify	that (1) (this hospital	) ottended	the deceased from	12 - 3	19 6 4 to	1-25 19 6	5"
		last saw the decease					nion deoth occurred on the	
				and the same of th	iew the bady ofter deoth.			
	23A. SIGNATUI	RE	18				23B. DATE SIGNED	
		vin B a	Barza	Phy	ending Med. Director	Staff Phys.	1-25-65	
	NAME (Ty	Ps pel R R	2 2 2 2		23D. ADDRESS	1 11-	· T- 1	
24A		AATION, 248. DATE	24C.N	AME of CEMETERY OF CRE	CHURCH HI		ty, town, or county) (Stat	e)
	REMOVAL (S	1-011			Same Same			
25A	. DATE REC'D	BY HEALTH DEPT.		k Lawn Ceme	25C. FUNERAL DIRECTOR		aryland Address	
	را	AN 26 1965 (	Color	E. Jankey M.A	HENRY SAND	ER & SONS	INC.	
VS	150-REV. 1/1/6	5			- BALTIMORE	HARYLAND		



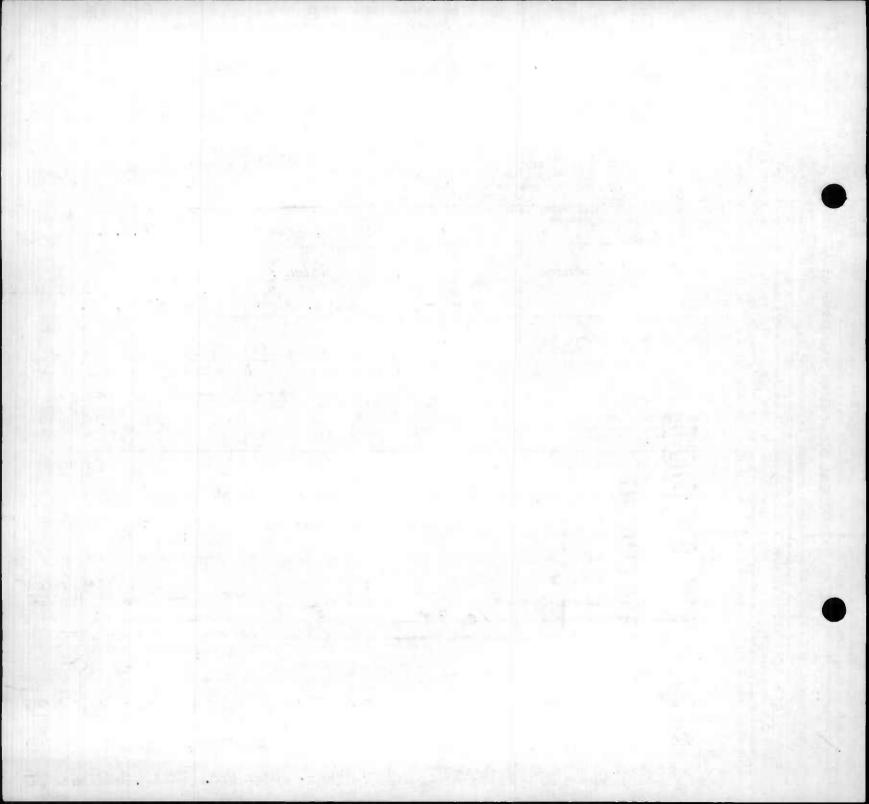
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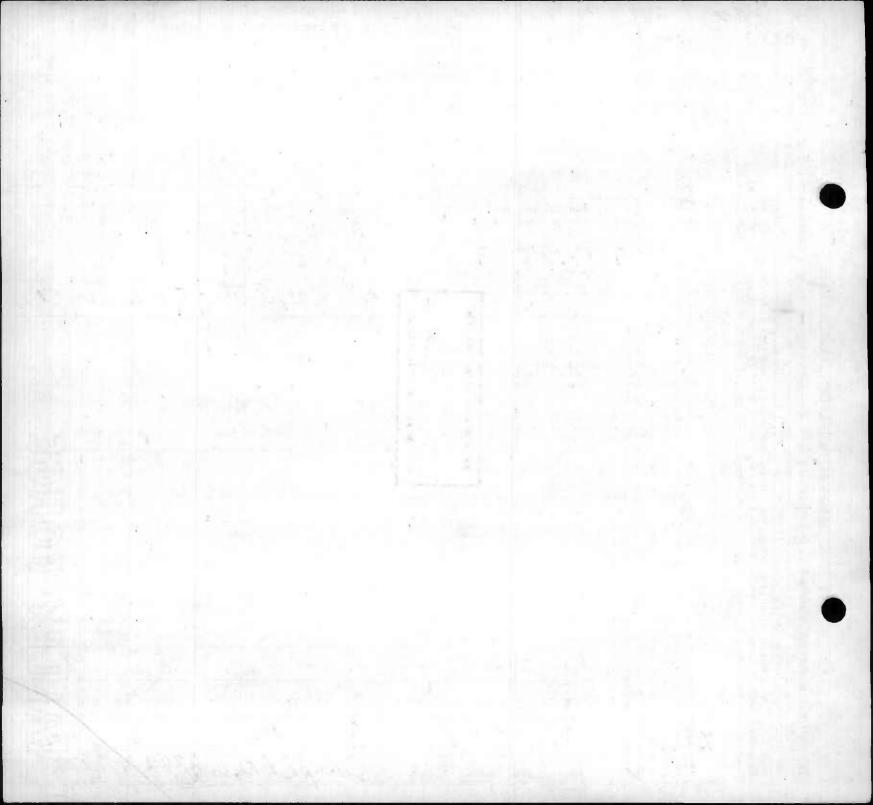
BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO. 65 0904 CERTIFICA	ATE OF DEATH Registered No.	65 0904
I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
HARRY WALTER CRIST  3. PLACE OF DEATH IN BALTIMORE, MARYLAND	January 23, 190  4. USUAL RESIDENCE (Where deceased lived, If inst A, STATE B, COUNTY	
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	MARYLAND C. CITY OR TOWN (If outside city limits, write RU	RAL and give township)
1828 East 31st. Street	BALTIMORE, 21218 D. STREET ADDRESS (If rurol, give locotion)	
1000 2000 7180. 501000	1828 East 31st, Stree	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Male White Married	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if retired)  Merchant  Hardware Store	Baltimore Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	CCA
John C. Crist	Caroline Lins	
15. Was Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown) (If yes, give wor or dates of service)  SECURITY NO.	17. INFORMANI 1828 East 31st S	treet 21218
Yes World War # 1 215 09 2934	Mrs Mildred Knox Crist	01000 21210
1B. 3 3 4 X I CAUSE C	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	nebro-vascular Anombosis	6
(This does not meon the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	WEBLO MISCHAN I VINDORIA	o weeks
ANTECEDENT CAUSES (B)		
ANTECEDENT CAUSES  OUE TO  DISEASES OR CONDITIONS, if any, giving		
rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.		
OF THE DEATH BUT NOT RELATED TO THE COMMANY COMMANY	Poclarian & Myscardial Danese	10 weeks
19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? Ves of No. 20B. IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DtD (If in Boltimore office bldg., INJURY OCCUR?	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
(APPROX.) Work At Work	11 7 11	73 6~
22. I certify that (I) (this hospitel) attended the deceased from that (I) (we) lost saw the deceased alive an 19n 19	19.65 and that in (my) (ook) opini	on death accurred on the date
and have and from the causes stated above. (1) (No.) (did) (and not)		
23A. SIGNATURE M.D. At	tending Med. Stoff	23 B. DATE/SIGNED
COC. PHISICIAN'S NAME (Type)	23 D. ADDRESS	1
Loy M. Zimmerman M.D.	JEUZ Harroru Moad Bar	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY		, town, or county) (Stote)
Burial 1/26/65 Lorraine Park		
JAN 26 1965 P. D. B. E. Farbey M.	HENRY SANDER & SONS	ADDRESS T.N.C.
שווי ליח ושחים (וריף היה) כי עמושפטו יייו	DATE OF STREET	1110.



0005	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 0905
BIRTH NO. 65 0905	CERTIFICA	TE OF DEATH	Registered Na	00 000
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  George D.	Alexander		HOUR OF DEATH	8 8
3. PLACE OF DEATH IN BALTIMORE, MARYLA		4. USUAL RESIDENCE (Where de	eceosed lived. If institu	ution: residence before admission
FULL NAME OF (If not in hospital or in HOSPITAL OR oddress or location)	stitution, give street	Maryland C. CITY OF TOWN (If outside	city limits, write RUR	AL and give township)
INSTITUTION		Baltimore		
		D. STREET ADDRESS (If rural	, give location)	
113 Rochester Plac		113 Rochester		
Male White !	MARRIED, NEVER MARRIED MIDOWED, DIVORCED (specify) Deparated	5/15/1887 lost	MGE (In years In Manager Manag	Under 1 Yr. If Under 24 Hrs lonths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign of	country)	2. CITIZEN OF WHAT COUNTRY?
Retired		Crete, Greece		U. S. A.
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME		
Dimitrios Alexander		Helen?		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of	service) 16. SOCIAL SECURITY NO. 216-12-8314+	17. INFORMANT  1 John D. Alexand	der Rockv	Henrîf <sup>o</sup> fteet Dri
18. 4.20.1		OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	LY ,2		7	ONSET AND DEATH
LEADING TO DEATH	(A)	L cornery bee	Cuserr	1 hour
(This does not meon the mode of dyi heart failure, asthenia, etc. It means the	diseose,	town array &	serves	· unknown
injury or complication which caused dec	(h.) ath	in Sale ration Condit -	Vascalor	unknown
ANTECEDENT CAUSES	DUE TO	Draine		and the first of the deal and a self and a market a combine of the se
DISEASES OR CONDITIONS, if any, rise to the above cause (A) sto UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED	TRIBUTING TO THE			
DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 19B. CONDITION WAS PERFORE	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 2(	OR IF YES, WERE FINE CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID injury occur?	(If in Boltimore Ci	ity, give exoct locotion)
	our 21E. INJURY OCCURRED	21 F. HOW DID INJURY	OCCUR?	
OF INJURY (APPROX.)	While At Not Whi Work At Work		1	sulvati
22. I certify that (I) (this hospital) at		Conquer 19	ta forma	77 -7/190V
that (1) (we) lost saw the deceased a		018		19
	/ -			n death accurred an the dat
and have and from the causes stated	above. (1) (We) (did) ( <del>did-net)</del>	view the body after deoth.		1/27/60
23A. SIGNATURE	M.D. At	rending Med. Stof	1 23	B. DATE SIGNED
Thy Es bert co	regention Ph	ys. Director Phy	s	1/26/EN
Philibert Az	Tigiani M.D.	230. ADDRESS 2305 may	tidd av	e-Bett 13. Ma
24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24%. NAME of CEMETERY OF CI	EMATORY 24D. LOCA	ATION (City,	town, or county) (State)
Burial 1/27/196	Moreland Memor	ial Park Ral	timore, Mar	uland
25A. DATE REC'D BY HEALTH DEPT. 25B	NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	who rees that	ADDRESS
JAN 26 1965 (P.D. B. B.	Fr. Owner	John A. Moran	Inc 2000	E. Baltimone St
VS 150-REV. 1/1/65			الاللال مالالا	C. Distimore SC



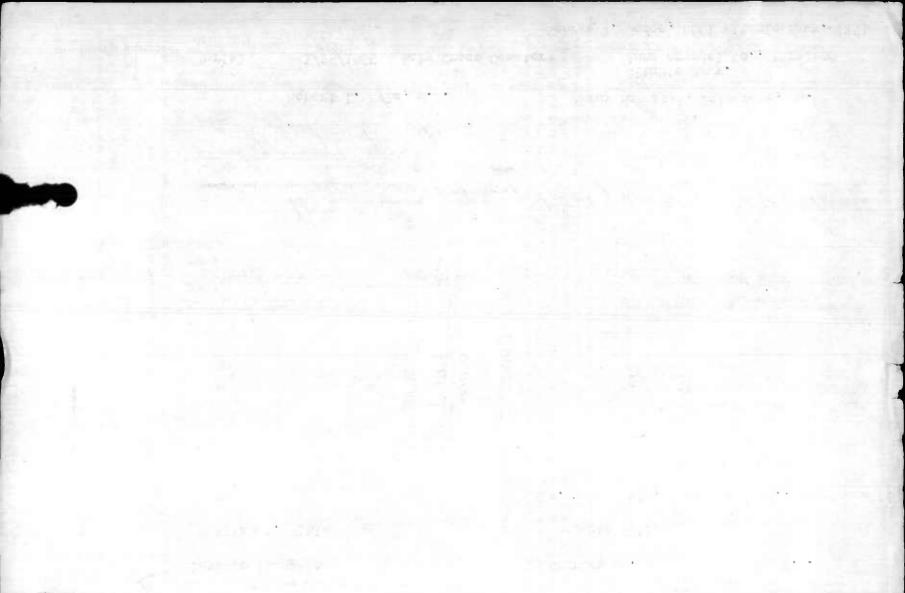
62-21443	BALTIMORE CIT	Y HEALTH DEPARTMENT		65	0906	1
BIRTH NO. M.E. CASE NO. 65 0906	CERTIFICA	ATE OF DEATH	Registered No	00	0000	
1. NAME OF DECEASED AN TROPH	Diane	2. DATE AN	166 6.4	50 AM		M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (When		stitution: reside	ence before odn	nission)
FULL NAME OF (If not in hospital or instinated and	tution, give street	C. CITY OR TOWN (If out	side city limits, write R	URAL and giv	e township)	
D. J. A. T.	Int way land	D. STREET ADDRESS (III	rurol, give location)	,		
Latheron Hospilal	9 20 /200.	1 1	Thy SI	7.29	3 Mak	IEY
	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	eque 14, 1952	9. AGE (In years lost birthdoy) 2 X23	If Under 1 Y Months Doy	Yr. If Under 2	24 Hrs. Min.
tOA, USUAL OCCUPATION (Give kind of work) 108, Kildone during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	11. BINTHPLACE (Store or fore)	gn country)		OF COUNTRY?	
13. FATHER'S NAME Pole founde	Cuthour	14. MOTHER'S MAIDEN NAM	160			
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of se	16. SOCIAL	17. INFORMANI	Juvery Co	AD AD	DRESS	226
	A G.B.	This Bitty CC	menony &	n rece	rley S	//
18. 24/X I		OF DEATH		INTE	ERVAL BETWEE	N TH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2///2	and morning	e obviet.			
(This does not meon the mode of dying healt foilule, asthenia, etc. It means the di	200000	W MILLEN OF A	and the test of the second			
injury or complication which coused death.		enough all	atthe man			
ANTECEDENT CAUSES	A Manietto	HANGER OLD WAR	A CHARLE			44000000000
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stolin		<u> </u>				
UNDERLYING CONDITION IOSI.	* CD *	10				
OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO THE	The same of the sa				
U 19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes) or No	20B. IF YES, WERE	INDINGS CO	NSIDERED	
WAS PERFORME	D		IN CERTIFYING CAL	JSES OF DEA	TH?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)		in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	. (If in Boltimore	City, give ex	(oct location)	
21D. TIME (Month) (Doy) (Year) (Hou		21F. HOW DID INJ	URY OCCUR?			10
(APPROX.)	While At Work At Work					W. H
22. I certify that (I) (this hospital) otte	nded the deceased from	1/20	1965 10	1/2	19	6.5
that (I) (we) lost sow the deceased atta	100 D.O.A /	20 19 65 and th	ot in (my) (our) opi	nion deoth o	ccurred on th	ne dote
and hour and from the couses stated ob	ove. (1) (We) (did) (did not)	view the body ofter death.				
23A. SIGNATURE	/reg M.D. A	ttending Med. Director	Stoff Phys.	23B, DATE SI	1 /66	
23 C. PHYSICIAN'S	Ph	23D. ADDRESS	Phy s.	- 1	-1700	-
23C. PHYSICIAM'S NAME (Type) HOSSEIN GOLPI	IRA M.D	1 -11 -	Hospit	algh.	Monge	and
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C	REMATORY 24D. L	OCATION (C)	y, town, oreco	ounty) (	State)
Burial 1/23/65	Intellapur	n Comeley 14	esport 19	allem	02()	mx
25A. DJAN 26 1955 P	NAME OF REGISTRAR	25C FUNERAL/DIRECTOR	Kus 223	22 m.	nont	The
VS 150-REV. 1/1/65	,	The free states	10al	times	, med	u



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CIT	Y HEALTH DEPARTMENT	65 000m
ыкти но. 65 0907	CERTIFICA	ATE OF DEATH Registered No.	. 00 0307
M.E. CASE NO.  1. NAME OF DECEASED	./	2. DATE AND HOUR OF DEAT	H_ = 29
(Type or Print) FRANCIS	K. WIBLE	Sr. 1-21-65	5 P.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before odmission)
		BOOCHICID - BOLTE	nale are
FULL NAME OF (If not in hospital or institution oddress or (ocotion)	Ition, give street	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
INSTITUTION POSPOU F	OSPITAL	BALTIMORE	62-00
" rickey "		D. STREET ADDRESS (If, rurol, give location)	Classistan Page
		1 8211 HOLLY K	Baltimore 26.Md
	RRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
111 00 11	OWED, DIVORCED (specify)	10-9-01 lost birthdox) 3	
toh. USUAL OCCUPATION (Give kind of work 10 B, KIN done during most of working life, even if retired)	ID OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Elevator Mechanic		Charles Co.	U.S.
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME	0.0
William M. Wible	1 6. SOCIAL	Roberta Ellis	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of ser	vice) SECURITY NO.		
No		Mrs. Ruby Wible, 8201 Hol	ly Rd., Baltimore 26
18. 44	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	89 98	2 1.1 011	2.
(This does not mean the mode of dying,	ELG. (A) DUE TO	In acardial Infarction	30m
heart failure, asthenia, etc. It meons the dis		9/	
injury or complication which caused death.)	ma ma	hel them on the worker it	6 Shi-4 - 4/m:
ANTECEDENT CAUSES	DUE TO	: The rolling	
	iving 3 4 0	reasing blooms to	1/2 kg -:
rise to the above cause (A) stoting UNDERLYING CONDITION last.	00 2	Children J. K. M. M. W. J. Co.	
11	Z 72		
O OTHER SIGNIFICANT CONDITIONS CONTRIB			
TO THE DEATH BUT NOT RELATED TO			
19A. DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY (Yes or No) 20B. IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?
1 -65 Const-	time Tericocchi	la YES	1/52
U 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Boltimo	ore City, give exoct location)
DEATH (notify medical examinet)	etc.)	Na	
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY	While At Whi		7
110	Work   /A/ Work	, 0 11	0
22. I certify that ( this hospital) attended	101	1 - 9 19 65 10	1 2/ 19 65,
(we) lost sow the deceased alive	on / d/	19 6 2 and that in ( our) of	pinion death occurred on the date
and hour and from the causes stated abo	ve. (We) (did) (diesion)	view the body ofter death.	
23A. SIGNATURE	2 1		238 DATE SIGNED
(Kolert J	Declo M.D. Att	tending Med. Stoff Phys. X	1-22-65
23 C. PHYSICIAN'S NAME (Type)	1000	23D. ADDRESS	
Robert L. Dyle	M.D. M.D.	Mercy Hospital, Balt	imore. Md.
24A. BURIAL CREMATION, 24B. DATE 2	C. NAME of CEMETERY OF CR		City, town, or county) (Stote)
REMOVAL (Specify)		Ritchie Hgwy.	
Birial 1/25/1965	Holy Cross Ceme	tery Anne Arundel (25C. FUNERAL DIRECTOR,	Co., Maryland
JAN 26 1965 (7 0 R 0 3	A. Da. M.D.		
المحاسد المحاسد	COORDINA	George J. Gonce, 4001 R	Ltchie Hgwy. (25)
VS 150-REV. 1/1/65			



21D TIME OF INJURY January 21

Certify that I held an Inquiry

1965 A m. WHILE AT

Charles S. Petty, W.B

Autopsy X Suicide

NOT WHILE X

and that an this basis, death in my apinion

Fell out of 2nd floor window.

Undetermined manner

resulted fram: Natural causes Accident X ACTUAL SIGNATURE

M.D. ASSISTANT MEDICAL EXAMINER

CHIEF MEDICAL EXAMINER

DATE SIGNED

ASSOCIATE MEDICAL EXAMINER

Hamicide

1/21/65

NAME (Type) 23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)

EXAMINER'S

23C. NAME of CEMETERY OF CREMATORY

Holy Cross Cemetery

Inspection

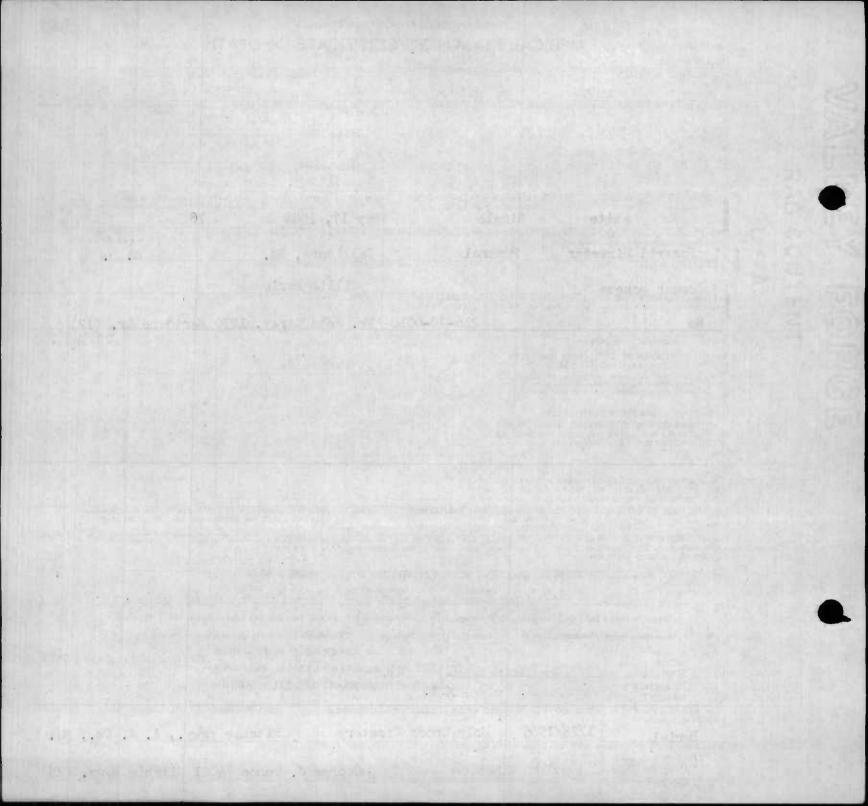
23D. LOCATION (City, town, ar county) (State)

Burial 24A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR

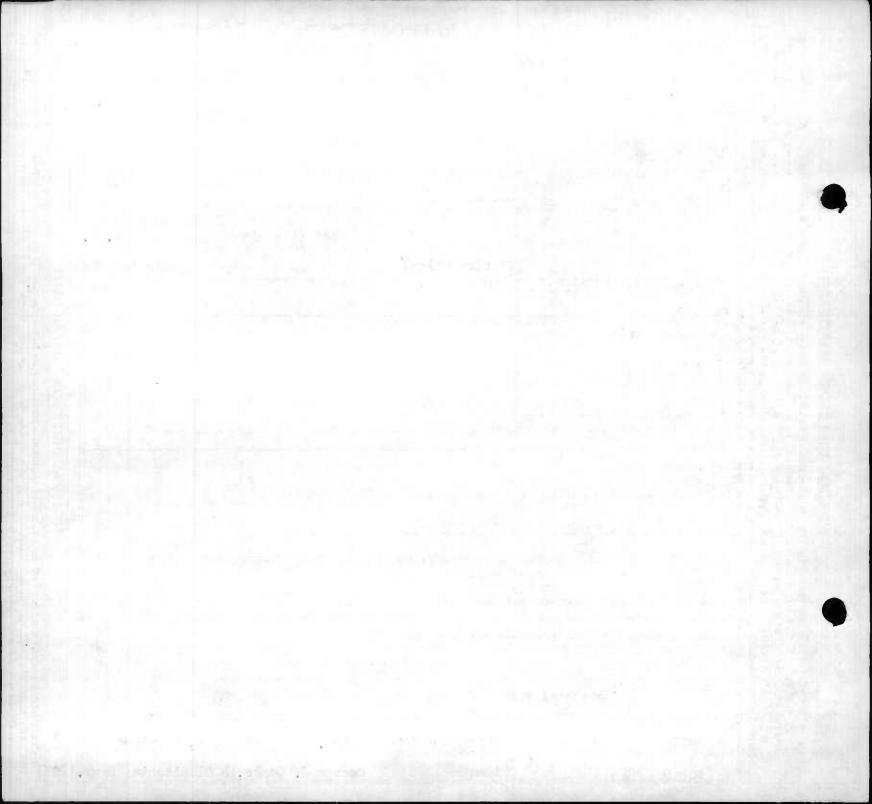
Ritchie Hgwy., A. A. Co., Md. 24C. FUNERAL DIRECTOR

George J. Gonce 4001 Ritchie Hgwy. (25)

VS 151-REV. 1/1/65



				BALTIM					
	H NO.	00	0909	CER1	TIFICATE (	OF DEATH	Registered	No	0909
M.E.	AME OF DECE	ASED				2. DATE A	ND HOUR OF DI	EATH	
Тур	e or Print)	RENDA	Sue W	ILES			20.65		pom.
3. PI	LACE OF DEA	H IN BALTIM	ORE, MARYL	AND	4. US	UAL RESIDENCE (WH	ere deceosed lived	l. If institution	residence before
F	ULL NAME OF	(If not in	hospital or is	nstitution, give street		lary land			
Н	OSPITAL OR	oddress	or locotion)	marrially give succe	c. Cl	Y OR TOWN (If o	utside city limits,	write RURAL o	and give township)
	LINIVE	RSITV	140	CPTTAL		Bulh mor			
	Delatac	0015	110	SPITAL			f rurol, give location	on)	1/2
						-236, 4			500
5. \$1		6. RACE		MARRIED, NEVER MARR WIDOWED, DIVORCED (	specify)	E OF BIRTH . 20 . 49	9. AGE (In years	If Un Month	der 1 Yr. If Und s Doys Hours
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done	during most of w	orking lile, even	if retired)	s. KIND ON BOSHIESS OK	INDUSTRI II. BIR	INTERCE (Stole of 101	eigh County)		HAT COUNTRY?
	Stud					West Virgin	nia		U.S.
13. F	FATHER'S NAM		1.1.	100		THER'S MAIDEN NA			
	Char	us i	Vi les	(Charles Wil	.es)	Dori	ا مرت ر	(Doris	Ann Cox)
15. V (Yes,	Nos Deceased	Ever in U.S.A	med Forces	1 6. SOCIAL SECURITY	210	ORMANT			ADDRESS
	No			- I SOMIT	D	ovis las	Wiles		S/a
	18.	OXI			CAUSE OF DEA	ТН			INTERVAL BETY
	DISEASE	OR CONDIT	ON DIREC	TLY				,	ONSET AND D
		EADING TO	DEATH	{A	Subar	rchross	heman	haye.	1 d
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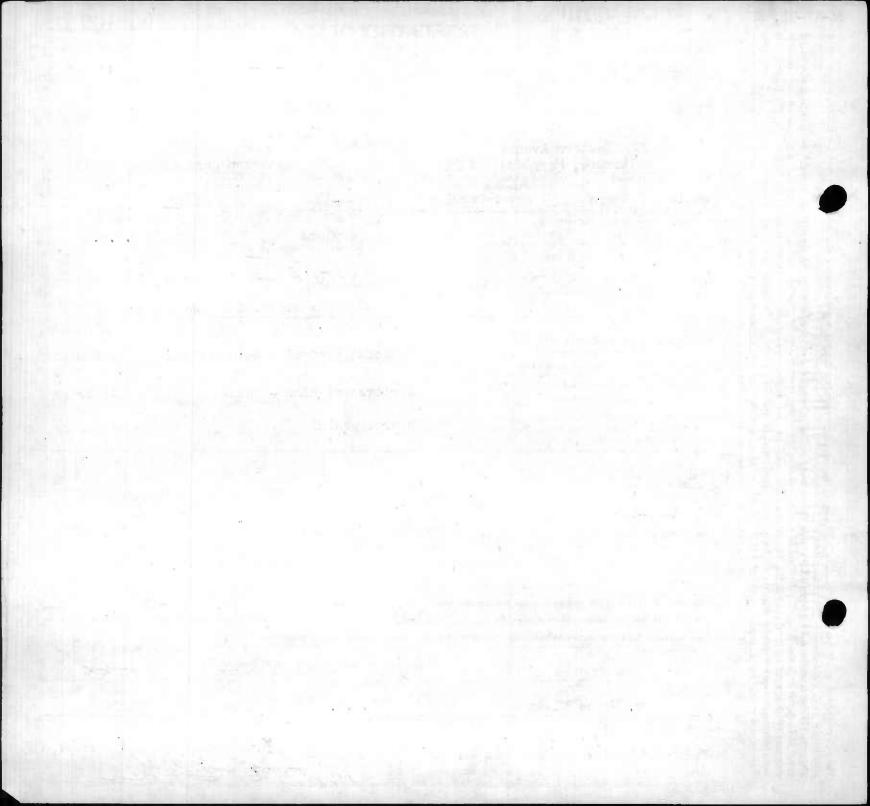


2 VS 150-REV. 1/1/65

34-27-91,

and

	05 0940		BALTIMORE CITY	HEALTH DEPARTA	MENT		00		
BIRTH NO. 62	65,3889910		CERTIFICA	TE OF DEA	ATH	Registered No	65	0910	1
M.E. CASE NO	).		CERTIFICA						
(Type or Print)	ron Fowler	-/		2.		D HOUR OF DEATH			
Cha	ron Fowler	MARG	H	WA HIGHAL BESIDEN	1-23-			1:30 P	N
3. PLACE OF	DEATH IN BALLIMORE, THE	RILAND		A. STATE	B. COUN	e deceosed lived. If ins	titution: resid	dence before odmis	sian)
FULL NAME	OR oddress or locotio		o, give street	Maryla C. CITY OR TOWN		side city limits, write RI	URAL ond o	oive township)	
INSTITUTION	Baltimore Cit	v Hosp	itale	Baltin					
	4940 Eastern		1, 00.120	D. STREET ADDRES		rurol, give location)			-
	Baltimore, Ma		#21221	1205 1	Patter	rson Park Av	#	22222	
5. SEX	6. RACE		D. NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years			Hrs
		WIDOW	ED, DIVORCED (specify)			lost birthdoy)	Months D	Yr. If Under 24 oys Hours M	in.
Female	Negro		r Married	7-9-62		2/2	110 01000		
	of working life, even if retired)	KIOB, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Ste	ofe ar tarei	gn country)	12. CITIZEN	OF COUNTRY?	
	baby	14-5		Maryland			U.S	Δ.	
3. FATHER'S				14. MOTHER'S MAI	IDEN NAM	AE /	0,0	9.53.0	
TI	E' /-	/		1000	- 11	- / /	-		
hão.	LOWIEL	11.		TEAN	EIIE	- L19h	INEr	-	
Yes, no or unkno	sed Ever in U. S. Armed For own) (If yes, give wor or dote	rces? as of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT			A	DDRESS	
Wo				RECORDS: I	B.C.H.	4940 Easte:	rn Ave	nue #2122	1.
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DISI	EASE OR CONDITION DI	DECTLY					10	NSET AND DEATH	1
0131	LEADING TO DEATH	KECILI	Suba	oute Rector	niol E	Indocarditis		/ Mantha	
(This does	s nat mean the made of	dying, e.	g., DUE TO	cave bacver	. Tar E	mancararers		4 Months	
	re, asthenia, etc. Il means complication which caused		e,						
injury or c			(B) Atri	oventricula	ar - S	hunt		1 Years	
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W -			atrial shunt	Yes			Les		
OR CONTR	DENT WAS UNDERLYING	h	1B. PLACE OF INJURY (e.g., ir ome, form, foctory, street, of	fice bldg., INJURY O	CCUR?	(If in Boltimore	City, give e	exoct locohon)	
DEATH (no	otify medical examiner	е	tc.)						
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OF INJURY			While At Not While	e					
			Nork Al Work						
	ify that (1) (this hospita			1-22	1	19 65 10 1-	-23	19.65	
that (i) (v	we) last saw the decease	ed olive or	1-23	19 65	ond the	at in (my) (our) opin	ion deoth	occurred on the	dat
and hour	and from the couses sto	ted obave.	(1) (We) (did) (did not) v	iew the body after	r deoth.				
23A, SIGNA		,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				23B. DATE	SIGNED	
(3)	1000 1	1-0	M.D. Atte	ending Med.				23-65	
100	June 1		Phy	s. Direc	clor	Stoff Phys.	1-4	-)-07	
23C. PHYSIC	CIAN'S ' E (Type)			23D. ADDRESS					
	Dr. Wayne Kle	in	M.D.	B.C.H. 494	O Eas	tern Avenue	# 2122	24	
4A. BURIAL C	REMATION, 248, DATE		NAME of CEMETERY OF CRE				y, lown, or o	county) (Sto	le)
REMOVA	L (Specify)	1- A	1-01	1	1	1 0 -	-	61	
DUM	AL	63/	111 CAlvary	CEM.	A-1	A. COUNTY		Mole	
ZSA. DATE REC	C'D BY HEALTH DEPT.	25B. NAM	OF REGISTRAR	25G FUNERAL I	DIRECTOR	100	1	ADDRESS	



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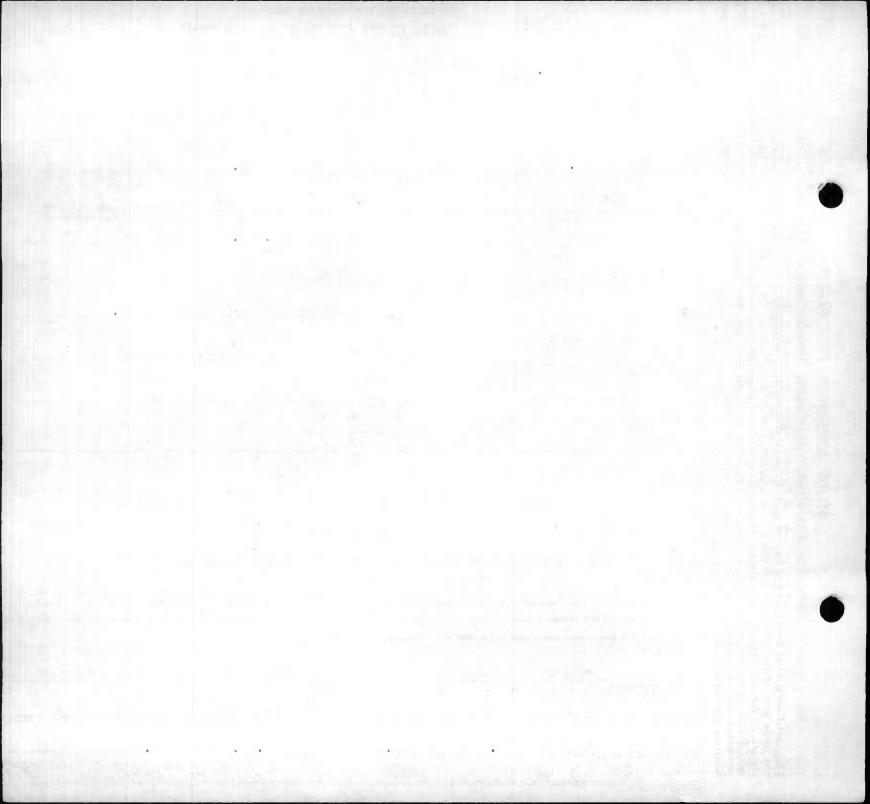
he body was released

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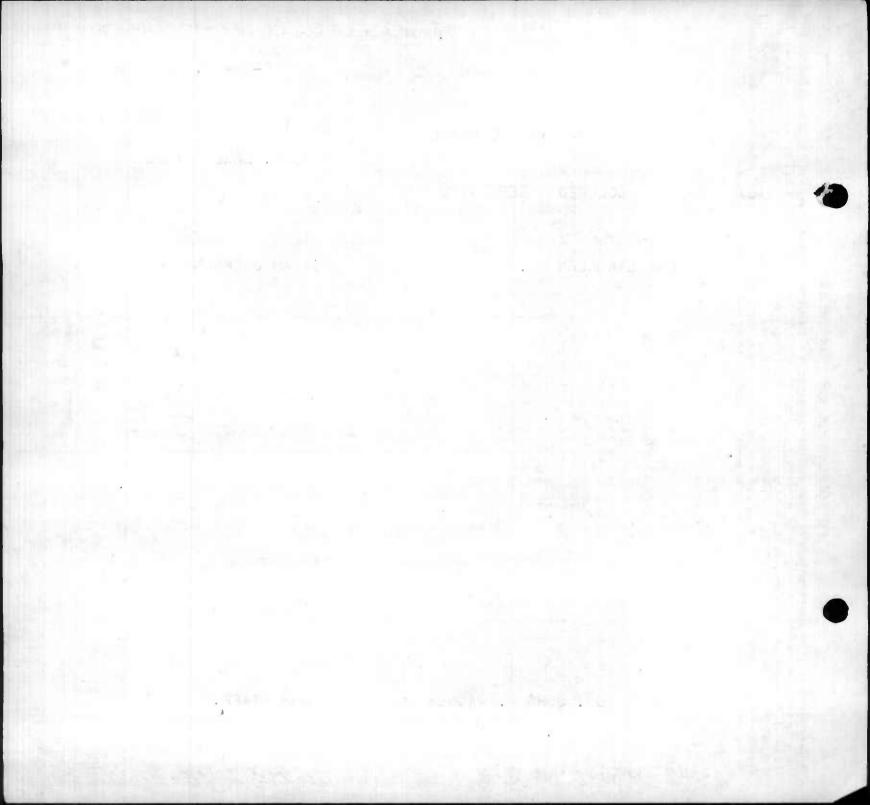
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 1/20/65 Harry B. Epps 10 4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before admission) B. CDUNTY FULL NAME OF (If not in hospital or institution, give street Maryland HDSPITAL OR oddress or location) C. CITY OF TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) 908 Rutland Ave. 908 Rutland is made. Ave. 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 5. SEX 6. RACE 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Doys lost birthdov Months Hours WIDOWED, DIVORCED (specify) /1881 Married Male Colored tOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) Retired Nottaway Cty. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David Epps Dinah 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS final (Yes, no or unknown) (It yes, give wor or dotes of service) SECURITY NO. 908 Rutland No Emma CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH med DISEASE OR CONDITION DIRECTLY LEADING TO DEATH DUE TO (This does not mean the made of dying, e.g., embal heart failure, asthenio, etc. II means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C) before the remains UNDERLYING CONDITION last. 11 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ERTIFIC 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED hone 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? Ū 21A. ACCIDENT WAS UNDERLYING (It in Bo)timore City, give exoct location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDIC/ obtained 21D. TIME (Doy) (Year) (Hour) 21 E. INJURY QCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPRDX.) At Work Work 1938 22. I certify that (1) (this hospital) attended the deceased fram Jan 15 1965 99 that (1) (we) last saw the deceased alive an. and that in (my) (aur) apinian death accurred an the date must and haur and fram the causes stated abave. (1) (Mer) (did) (did not) view the bady after death. 23A, SIGNATURE 238, DATE SIGNED Attending Phys. Med. Director Stoff approval Phys. 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) M.D. 532 PUND 24A. BURIAL CREMATION, 24B. AME of CEMETERY OF CREMATORY REMOVAL (Specity) written Purial 1/23/65 Mt. Calvary Cem.

25C. FUNERAL DIRECTOR



VS 150-REV. 1/1/6S

781	0010	Y HEALTH DEPARTMENT			
4004	BIRTH NO. 65 0912 CERTIFICA	TE OF DEATH Registered No. 65 0912			
ased the Such	1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH			
ece P. h.	HUGH LANGHORN	1-23-65. 2:10 PM M.			
4 0 +	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Whose deceased lived, If institution: residence before admission)  A. STATE  B. COUNTY			
se o (5) D ance deat	FULL NAME OF (If not in hospital or institution, give street	MARYLAND			
	HOSPITAL OR address or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
rause; attend ior to	THE JOHNS HOPKINS HOSPITAL				
		1813 E. EAGER STREET			
tribu mine gula sed mad	S. SEX 6. RACE 7. MARRIED, NEVER MARRIED SEPARRITED (specify)	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths; Days Hours Min.			
ndeteri s in re deceasition is	tion, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if retired)	11. BIRTHPLACE Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
direct; (4) Uth wa	HUGH LANGHORN SR.	SARAH JACKSON			
kind; kind; death nce on inal di	15. Was Deceased Ever in U. S. Armod Forcas? (Yes, no or unknown) (If yes, give wor or doles of service)  NO World Warth   16. SOCIAL SECURITY NO.	Odese Stanson 1813 E Eggest			
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of of of ed	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				
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EDE	ANTECEDENT CAUSES (B)	arenoma of Klaking			
exami (3) A fr in who in reg is are e	DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost.				
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ature pt w (6) h	21D. TIME (Manth) (Doy) (Year) (Hour) 21E INJURY OCCURRED While At Wark At Wark				
S Z Z Z	22. I certify that (I) (this hospital) attended the deceased from	12/23 196410 1/23 1965.			
f an the	that (I) (we) lost saw the deceased alive on	19 65 and that in(my) (our) apinion death occurred on the date			
sed spita	and how and from the causes stated obgve. (1) (We) (did) (did not) view the body after death.				
ide ide	23A SIGNATURE  M.D. AH Phy	tending Med. Staff Phys. A 1/23/65			
An acc	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS  JHH STAFF.			
	DR. JOHN R. WAGNER M.D.				
s: (D.D.D.	24A. SURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	124D. LOCATION (City, town, or county) (State)			
7 2 0 +	25A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS			
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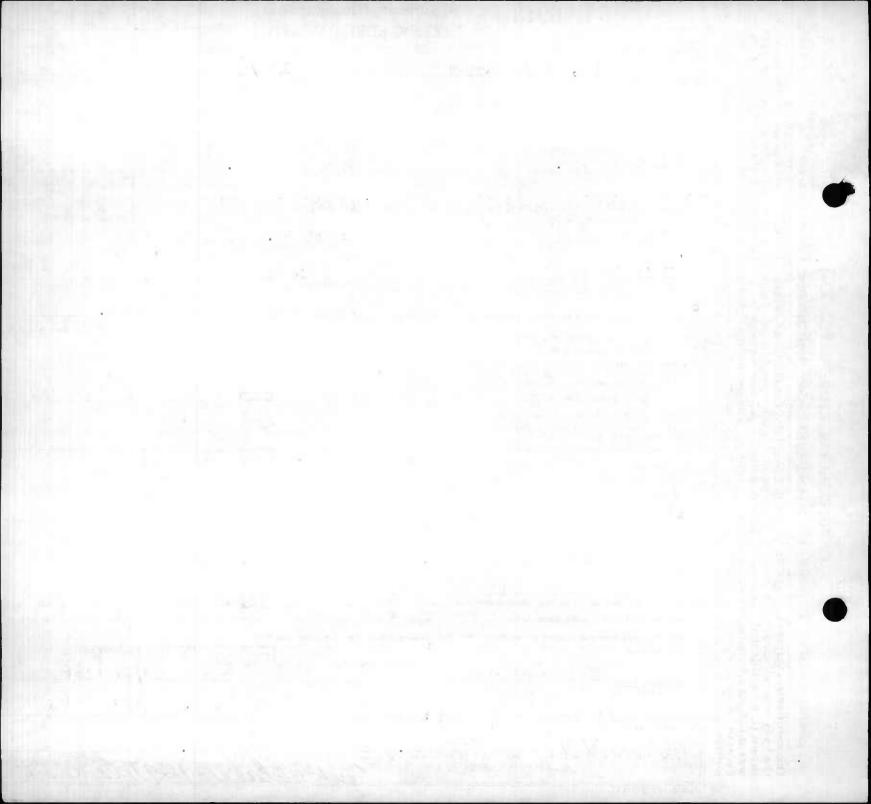
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. RTH NO. CERTIFICATE OF DEATH LE CASE NO. 2. DATE AND HOUR OF DEATH ype or Print) Paige. William Durham 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission)
A, STATE
B, COUNTY PLACE OF DEATH IN BALTIMORE MARYLAND FULL NAME OF (II not in haspital or institution, give street Maryland HOSPITAL OR address or lacation) C. CITY OF TOWN (Il outside city limits, write RURAL and give tawnship) INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) 1910 Cedric Ave. 1910 Cedric Ave. 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Il Under 1 Yr. Months: Days If Under 24 Hrs. Hours WIDOWED, DIVORCED (specily) last birthdov) 12/11/1893 Colored Male Married A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? one during most of working life, even if retired) Retired Norfolk Va. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Durham Addie Billups . Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL es, no ar unknown) (If yes, give war ar dates of service) SECURITY NO. No 65-03 6 / 6 1910 Cedric Bertha Durham 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made al dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. for Care comme OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1.952 TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED Aug 1964 Kectur munus 21 A. ACCIDENT AVAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INTURY (e.g., in or about 21 C. WHERE DID home, larm, lactory, street, affice bldg., INJURY OCCUR? (If in Boltimare City, give exact lacation) DEATH (notify medical examiner) 21 D. TIME (Month) \*Doy) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work ANWark 22. I certify that (1) (this hospital) attended the deceased from Yemmany 1965 that (1) (we) lost sow the deceased alive on... ond that in (my) (our) opinion deathbaccurred on the date and haur and from the causes stated above. (I) (We) (did) (wid not) view the body after death. 23A, SIGNATURE 238, DATE SIGNED M.D. Attending Phys. Stoff Director L Phys. L 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. 4249 0 4A. BURIAL CREMATION. AME OF CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) Arbutus Mem. 1/23/65 Burial Arbutus Md 25C. FUNERAL DIRECTOR VS 150-REV, 1/1/65



63-29026	BALTIMORE CITY HE	EALTH DEPARTMENT		65 0914
BIRTH NO. DU UULL	CERTIFICATI	E OF DEATH	Registered No	
M.E. CASE NO.  , NAME OF DECEASED  Type or Print)  D. PLACE OF DEATH IN BALTIMORE, MARYLAND	Boston	11	HOUR OF DEATH	tion: residence before admissia
FULL NAME OF (If not in hospital or institution, oddress or location) INSTITUTION		CITY OR TOWN (II out	side city limits, write RUR	AL and give township)
John Hopkins H	tospital D.	STREET ADDRESS (III)	prol, give location)	
FEMALE NEGRO NEV	ER MARRIED	10-24-63	1 YR	Under 1 Yr. If Under 24 Honths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	BIRTHPLACE (State or foreign	n country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME	14.	MOTHERS MAIDEN NAM		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give wor or dates of service)	16. SOCIAL 17.	BERNADETTE	BOSTON	ADDRESS
18. 7.5.4.3.I	CAUSE OF D	DEATH	S/11	INTERVAL BETWEEN ONSET AND DEATH
hearl lailure, asthenia, etc. It means the disease, injury ar camplication which coused death.)  ANTECEDENT CAUSES	(B) Puls	monany by	schefet es tension	
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Injury or camplication which coused deoth,)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the abave couse (A) stoting the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OF INJURY (APPROX.)  21D. TIME (Month) (Day) (Year) (Hour) 21E OF INJURY (APPROX.)  22. I certify that (A) (this hospital) attended that (B) (we) last saw the deceased alive an and haur and from the causes stated abave. (123A. SIGNATURE)  23C. Physician's NAME (Tage) AGNEW  24A. BURIAL CREMATION, 24B. DATE  REMOVAL (Specily)	GE WHICH OPERATION  PLACE OF INJURY (e.g., in or ne, form, foctory, street, office)  INJURY OCCURRED  At Work  He deceased from	20A. AUTOPSY? (Yes or No.  YES  r obout 21C. WHERE DID  21F. HOW DID INJU  21F. HOW DID INJU  19 ond the  w the bady after death.  D. ADDRESS  HE JOHNS HOP	208. IF YES, WERE FINI IN CERTIFYING CAUSE  (If in Boltimore Ci  JRY OCCUR?  9 to 23  It In (our) opinio	n death accurred on the c

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M.E. CASE NO. I, NAME OF DECEASED

2. DATE AND HOUR OF DEATH January 22, 1965

3	am	

FULL NAME OF HOSPITAL OR

(Type or Print)

ALICE VIOLA PRALEY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND

4. USUAL RESIDENCE (Where deceosed lived. II institution: residence before odmission)
A. STATE
B. COUNTY

INSTITUTION

(If not in hospital or institution, give street

814 North Streeper Street 21205

Maryland C. CITY OR TOWN (Il outside city limits, write RURAL and give township)

lost birthdoy)

Baltimore

D. STREET ADDRESS (If rural, give location)

814 N. Streeper Street 21205 8. DATE OF BIRTH 9. AGE (In years

If Under 1 Yr. Months: Doys II Under 24 Hrs. Hours

WIDOWED, DIVORCED (specily) female white married 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or loreign country)

6. RACE

may 18, 1904

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

finisher 13. FATHER'S NAME

5. SEX

Gamse Lith Co.

7. MARRIED, NEVER MARRIED

4. MOTHER'S MAIDEN NAME

William Whitaker

done during most of working life, even if retired)

6. SOCIAL SECURITY NO.

Viola Barth 17. INFORMANT

ADDRESS

15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or dates of service)

Helen Dolch 126 Lyndale Avenue

CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) CARCI	NOMA-(LIVER)	2YEARS
DUE TO	(PRIMARY)	
(B) DUE TO		
(C)		

(This does not mean the made at dying, e.g., heart foilure, osthenia, etc. It means the diseose

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TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED IAG NOSTIC 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

CERTIFICATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? etc.)

(If in Boltimore City, give exact location)

MEDICAL (Month) (Doy) (Year) (Hour) OF INJURY

21 E. INJURY OCCURRED

25B. NAME OF REGISTRAR

21 F. HOW DID INJURY OCCUR?

(APPROX.) 22. I certify that (I) (this hospital) attended the deceased fram

that (I) (we) last saw the deceased alive an.,

While At Not While [ Work At Work

65 and that in (my) (our) opinion death accurred an the date

and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.

23A, SIGNATURE SC. PHYSICIAN'S

23D. ADDRESS

	23B. DATE SIGNED
Stoff Phy s.	1/23/65

NAME (Type) Dr. Benjamin Moses

M.D. 448 N. Luzerne Avenue

20205 (City, lown, or county)

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) DUF181 1/25/65

Gardens of Faith Cemetery

24C. NAME of CEMETERY of CREMATORY

Baltimore. Schiminek Fineral Home Inc. 2601-03-05 E. Madison Street

24D. LOCATION

ADDRESS

VS 150-REV. 1/1/65

IMPORTAN attendance any pronounced 0 embalmed of fracture FUNERAL DIRECTOR: regular who are physician the remains the chief medical Was burns; physician the 0 before 3 where to the hospital ° nature; obtained 9 (except and any death); of hospital the body was released must accident 9 approval 0 prior at D.O.A. eceased shows:

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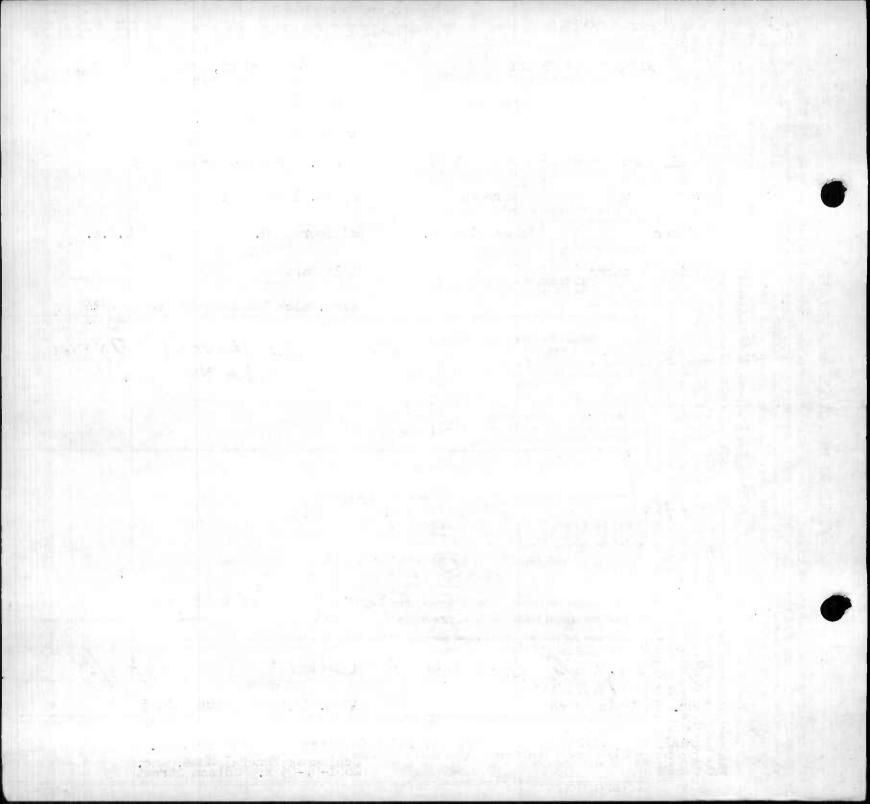
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3. PLACE C	F DEATH	IN BAL	TIMORE,	MARYLAND
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(If not in hospital or institution, give street

BALTIMORE CITY HEALTH DEPARTMENT

RTIFICATE OF	DEATH	Registered No

2. DATE AND HOUR OF DEATH

Ja	nuary	24,	1965		8:	45 a	ım
4. USUAL RESIDENCE A. STATE B.	COUNTY	deceased	lived. If	institution:	residence	before	odmi s sio
Maryland					0		
C. CITY OR TOWN	(If outsid	le city fir	nits, write	e RURAL o	nd give to	waship	)

Baltimore D. STREET ADDRESS (If rural, give location)

> 2710 E. Jefferson Street 21205

5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys 6. RACE If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthdoy) June 28. 60

male white widowed 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or fareign country) done during most of working life, even if retired)

U.S. Government-Aberdeen

WHAT COUNTRY? Champ, Maryland U.S.A.

12. CITIZEN OF

(Stote)

3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

George Thomas Nettie ? 5. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.

212-1609-28 Florence N. Schulz 1621 Natura Rd. no

CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (B) arterescherte B-V-K. Cheine 1 year LEADING TO DEATH (This does not mean the mode of dying, e.g., hearf forture, asthenia, efc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED

21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

(Month) (Dov) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work

22. I certify that (1) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an and that in (my) (aur) (spinian death accurred on the date

and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.

SIGNATURE					23B, DATE SIGNED
Grael Rosen M.	D. M.D.	Attending Phys.	Med. Director	Stoff Phy s.	125/63
23 PHYSICIAN'S		23D. ADDRESS			

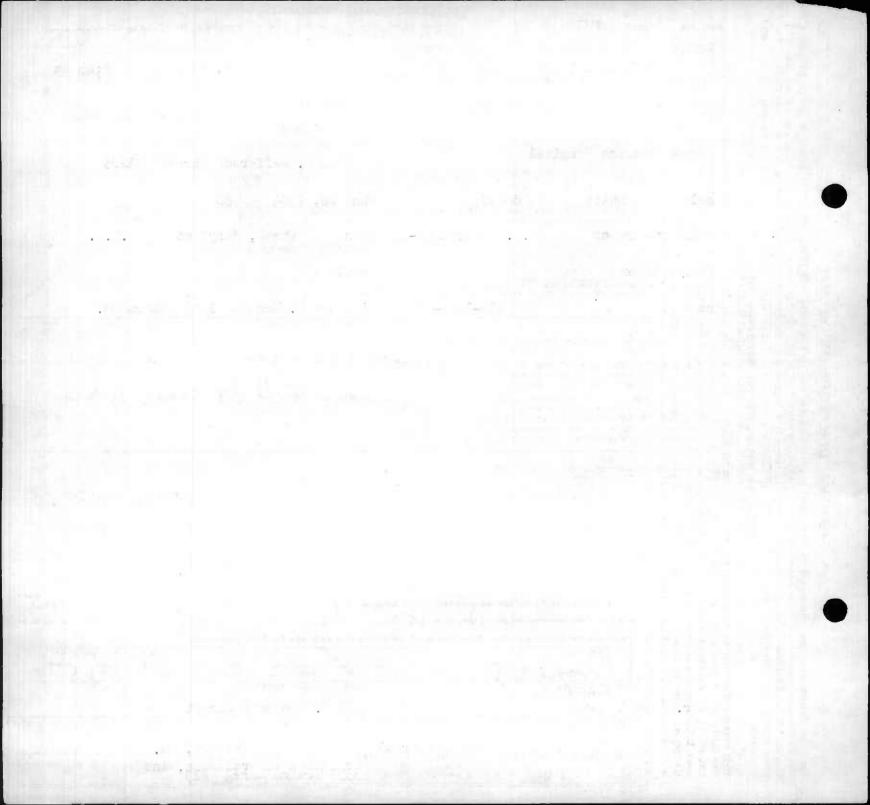
NAME (Type) Dr. Israel Rosen

M.D. 2413 E. Monument Street

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify)

1/28/65 Cemetery Baltimore, P Schimunek Funeral Home, 3331 Brehms Lane #13, Mereland Memorial Baltimore, Md. 25B. NAME OF REGISTRAN ADDRESS

VS 150-REV. 1/1/65



24A. BURIAL CREMATION, 24B. DATE

Such

death.

of death

NAME OF DE	CEASED				AND HOUR OF DEATH		et 30
ype or Pnnti		Agnes Man	rie Alley	Ja	n. 24, 1965		8-P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, give street oddress or location)  INSTITUTION  5009 Elmer Ave.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmis B. COUNTY  Md. 27-/8  C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Baltimore,				
				(If rurol, give locotion)			
SEX	6. RACE	WIDQWE	, NEVER MARRIED D, DIVORCED (specify)	May 7 1901	9. AGE (In years lost birthdoy)	If Under 1 Y Months Doy	r. If Under 24 h
Female	White	of work IOR KIND O	e piisiness op industry	11. BIRTHPLACE (Stote or f	oreign country)	112. CITIZEN	OF
	f working life, even if re	tired)	ing Cleaner	Anderson, Ind			COUNTRY?
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	NAME		
	Jam	es Soales		Fr	ances Robinso	on	
5. Was Decease es, no or unknov No	d Ever in U. S. Armo (If yes, give wor o	ed Forces? or dotes of service)	16. SOCIAL SECURITY NO. 219-28-5371	Mr. John E. A	lley, 5009 E		DRESS
1B. 6.4	XIY	1637	CAUSE O	F DEATH	0 0 (	ONS	ERVAL BETWEEN
(This does heart failure injury or co	ASE OR CONDITION LEADING TO DE not meen the moo , osthenio, etc. It is mplication which co ANTECEDENT CA OR CONDITIONS, he obove couse IG CONDITION los	ATH  de of dying, e.g., neons the discose cused deoth.)  USES  if ony, giving (A) stoting the	DUE TO CA	ute Cardia	Rense Osses. Metatase	INTE ONS	A CAN
(This does heart failure injury or co	LEADING TO DE not meen the moo, osthenio, etc. It is mplication which co ANTECEDENT CA OR CONDITIONS, he above couse	ATH  de of dying, e.g., neons the discose oused deoth.)  USES  if ony, giving (A) stoting the st.  NS CONTRIBUTIN RELATED TO T	(A) Que TO Que T	ute Cardia	- Metatase	ONS /	da da
(This does heart failure injury or co	LEADING TO DE not meen the mod, osthenio, etc. It is mplication which co ANTECEDENT CA OR CONDITIONS, he above couse IG CONDITION los  III  NIFICANT CONDITION DEATH BUT NOT R CONDITION CAU- OF OPERATION [198.	ATH  de of dying, e.g., neons the discose oused deoth.)  USES  if ony, giving (A) stoting the st.  NS CONTRIBUTIN RELATED TO TISING IT.	(A) Que TO Que T	ute Cardia	- Metatase	ONS /	da da
OTHER SIGN TO THE DISEASE DISE	LEADING TO DE not meen the mod, osthenio, etc. It is mplication which co ANTECEDENT CA OR CONDITIONS, he above couse IG CONDITION los  III  NIFICANT CONDITION DEATH BUT NOT R CONDITION CAU- OF OPERATION [198.	ATH  de of dying, e.g., neons the discose oused deoth.)  USES  if ony, giving (A) stoting the st.  NS CONTRIBUTIN RELATED TO TI SING IT.  CONDITION FOR S PERFORMED	(A) DUE TO CALL  (B) DUE TO CALL  (C) COLUMN	uti Cardini idiov lesevlas A of Ferry	No) 208. IF YES, WERE IN CERTIFYING CA	ONS /	NSIDERED TH?
DISEASES rise to 1 UNDERLYIN  DISEASES rise to 1 UNDERLYIN  DISEASE DI	LEADING TO DE  not meen the mod, osthenio, etc. It is mplication which co  ANTECEDENT CA  OR CONDITIONS, he above couse IG CONDITION lost  VIFICANT CONDITION CAUSE OF OPERATION WAS UNDERLY, SUTING CAUSE OF CAUS	ATH  de of dying, e.g., neons the discose oused deoth.)  USES  if ony, giving (A) stoting the st.  NS CONTRIBUTIN RELATED TO T. SING IT.  CONDITION FOR SPERFORMED  21 ho etc (Yeer) (Hour) 21 W	(A) DUE TO CALL  (B) DUE TO CALL  (C) COLUMN	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CO AUSES OF DEA	NSIDERED TH?
DISEASES rise to t UNDERLYIN  DTHER STG TO THE DISEASE D 19A. DATE ( OR CONTRI DEATH (notice)  21A. ACCID OR CONTRI DEATH (notice)  21A. TIME OF INJURY (APPROX.)  22. I certifit that (I) (we	LEADING TO DE not mean the mod, osthenio, etc. It is mplicotion which or ANTECEDENT CA  OR CONDITIONS, he obove couse IG CONDITION lost DEATH BUT NOT R CONDITION CAUS OF OPERATION 198. WA  ENT WAS UNDERLY SUTING CAUSE Of by medical examines) (Month) (Day)  y that (1) (this host	ATH  de of dying, e.g., neons the discose oused deoth.)  USES  if ony, giving (A) stoting the st.  NS CONTRIBUTIN RELATED TO T SING IT.  CONDITION FOR S PERFORMED  (Year) (Hour) 21 W W  spital) attended coosed alive on.	(A) QUE TO COLORED  B. PLACE OF INJURY (e.g., in me, form, foctory, street, of the colory).  E. INJURY OCCURRED hille At Work the deceased from	20A. AUTOPSY? (Yes or bldg., INJURY OCCURS	No) 208. IF YES, WERE IN CERTIFYING C.  (If in Baltimo  INJURY OCCUR?  that in (my) (and op	FINDINGS CO AUSES OF DEA	NSIDERED TH?

Burial 1/28/65
25A. DATE REC'D BY HEALTH DEPT. 25 125B. NAME OF REGISTRAR PLEED E. Falkey M. D. ADDRESS FUNERAL DIRECTOR 1965 4611 Park Heights Ave. VS 150-REV. 1/1/65

24D. LOCATION

Anderson,

(City, town, or county)

Indiana

(Stote)

24C. NAME of CEMETERY OF CREMATORY

Maplewood Cemetery

April alphi sepp

wifere placed to the way the "

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Transfer of

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WARTER STREET, STREET,

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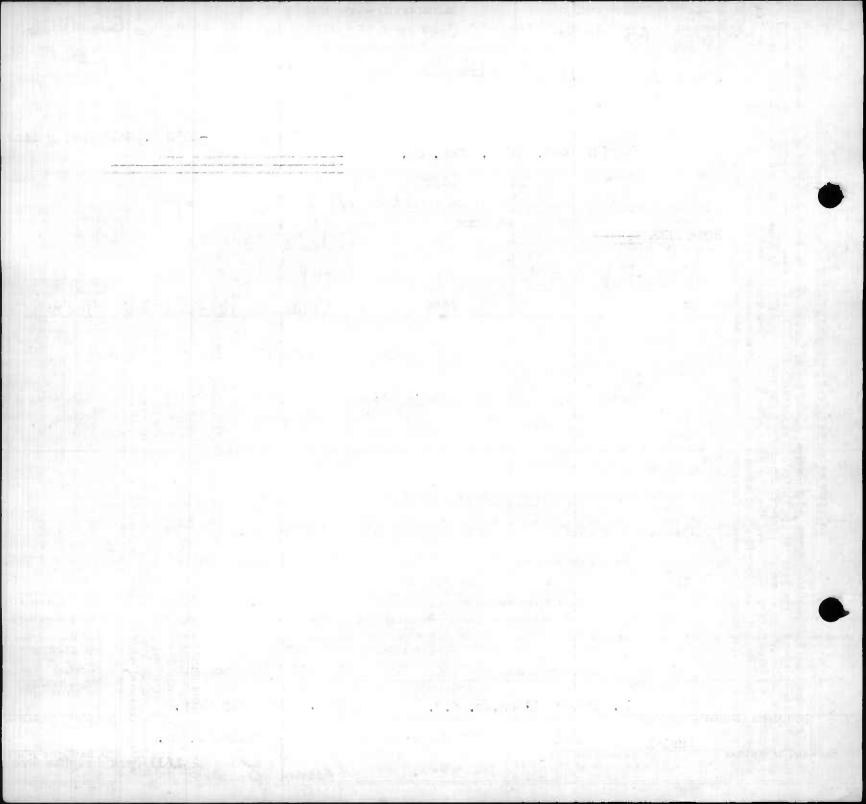
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FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner ar his assistant if death accurred in a hospital and
the body was released to the haspital by a medical examiner. Alsa, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a haspital (except where the physician who pronounced death was in regular attendance an the
deceased prior to death); and (6) Na physician was in regular attendance on the deceased priar to death. Such
written approval must be obtained befare the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT		05 0010
BIRTH NO. M.E. CASE NO. 65 0918	CERTIFICA	TE OF DEATH	Registered Na	65 0918
I. NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	·0 /
Type or Print & amison, Mi	sc Micir	TAL	1, 23, 1965	1 8 L5 D.
B. PLACE OF DEATH IN BALTIMORE MARYLANI	SEPSIE	4. USUAL RESIDENCE (Who	ere deceosed lived. If inst	titution; residence before admission)
		A. STATE OB. COU	NTY .	1
FULL NAME OF (If not in hospital or instit	lution, give street	Maryland		13-13
HOSPITAL OR oddress or location)			utside city limits, write RU	JRAL and give township)
INSTITUTION		Balt.	2622 1	W. Cold Spring Lar
20 1 -1 11			rurol, give (location)	M. COTG Sherus rat
Keswick Home, 70	0 W. 40th. St.	*****	th	T
	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
T A/	vever MArried	7/31/1888	76 445	
DA. USUAL OCCUPATION (Give kind of work 108. KI		11. BIRTHPLACE (Slote or fore	eign country)	12, CITIZEN OF
one during most of working life, even if retired)	At Home	-11.		WHAT COUNTRY?
OMEMAKER HONE	-	BAITIMOVA	-, Md	U > A
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
		11100111	11-1-	
John C. tamison		MARY	Noriche	,
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dates of se	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	none	Music	= Theta a	DH Haallelis
		- DIATU	J. M Tull	100 W 70
1B. 2/20 0 1	CAUSE O	F DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	0	0 11 -		
LEADING TO DEATH	(A) Cor	resurvistant	taeline	/ wR.
(This does not mean the made of dying,				
heart failure, asthenia, etc. It means the di injury or camplication which caused death.			: 1	
	(a) Ceche	ensclaration He	est linear	
ANTECEDENT CAUSES	DUE TO			######################################
DISEASES OR CONDITIONS, if any,	giving			
rise to the above cause (A) stating	g 1he (C)			
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRI			0 0	
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TO THE COSSILLE	20 sulmorous	Eucholisa	
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or A	o) 208. IF YES, WERE FI	NDINGS CONSIDERED
WAS PERFORME	D		IN CERTIFYING CAU	SES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING	218 BLACE OF INITIBY (S. C.	a chaut 21 C WHERE DID	(If in Reltimore	City sive exect lesstice)
OR CONTRIBUTING CALLES OF	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	ur in politmore	City, give exoct locotion)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hou	21E, INJURY OCCURRED	21F. HOW DID IN	IURY OCCUP?	
S OF INJURY			ONI OCCUR:	
(APPROX)	While At Not While Work At Work			
22.1		11, 18	10(0) . 300	. 2 3
22. I certify that (I) (this hospital) atter	1 2 -	V ,	1961 10 Jan	
that (1) (we) last saw the deceased aliv	e an 1-23	19 60 and t	hat in (my) (aux) apfni	ian death accurred an the dat
and have and from the service stated at	ave (1) (We) (4:4) (4:4 ==+)			
and haur and fram the causes stated ab	uve. (i) (me) (did) (did nat) \	riew the body after death.		
23A. SIGNATURE	1 10 -			238. DATE SIGNED
7. Huntrietala	on fr H20 M.D. Atte	ending Med. S. Director	Stoff Phys.	1-25-66
23C. PHYSICIAN'S		23 D. ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME (Type)				
E. Hunter Wils	on. Jr. M.D. M.D.	505 W. Univer	rsity Pkwy.	
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR			r, town, or county) (State)
REMOVAL (Specify)				
Burial 1/27/65	Lorraine Cemet	ery	altimore, Md.	
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS.
IAN 2.6 1965 R.C.	AME OF REGISTRATE MAN	LV	461	ll Park Heights Av
JAIN CO 1300 UPC	Nan -	a servino o	emmon	
VS 150-REV. 1/1/65			1	

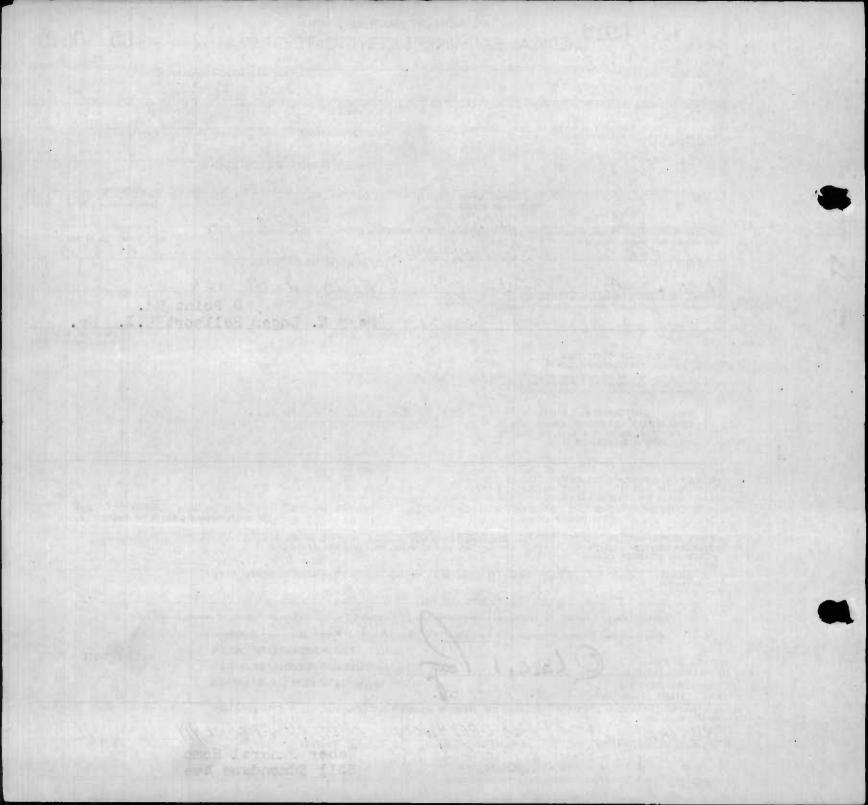


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VS 151-REV. 1/1/65

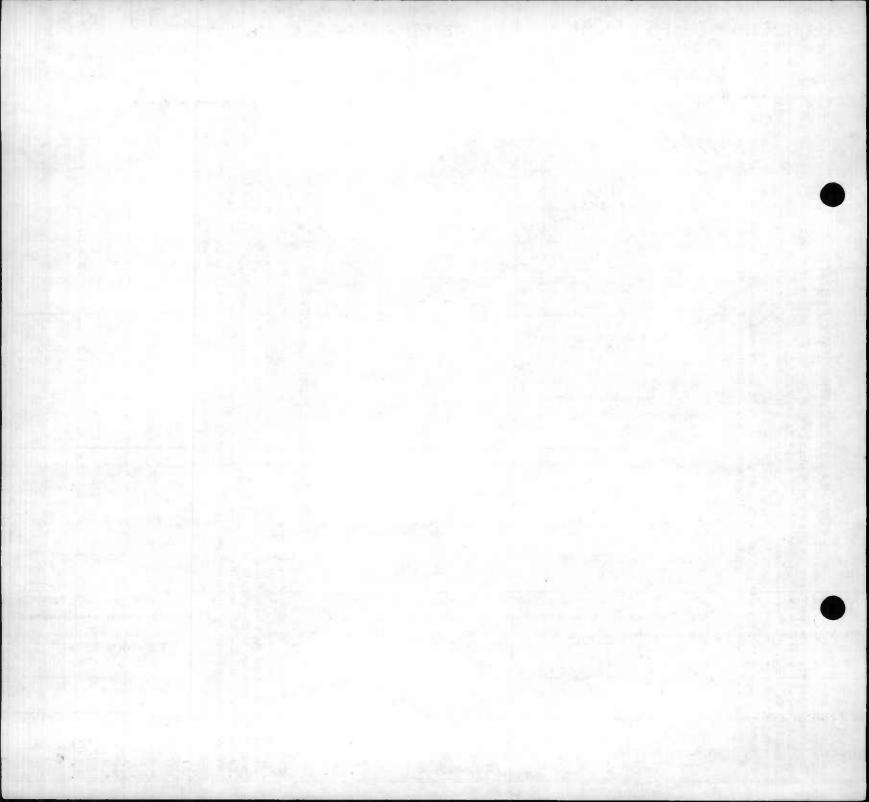
BALTIMORE CITY HEALTH DEPARTMENT

	H NO.	59395 MEDI	CAL EX	AMINER'S C	ERTIFIC	CATE	OF DEATH Regist	ered No.65	0919
1, 1	NAME OF DEC	EASED HAROLD		PETTU	IS .		te and hour pronound		8:00 A. M
3. P	LACE IN BALT	MORE MARYLAND, W	HERE PRONOUP	NCED DEAD	4. USUAL A. STATE			TINU	
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUT	TION, GIVE STREET	C. CITY O		outside corporate limits, wri		e Arundel d give township)
	St. Ag	nes Hospital			D. STREET		Burnie If wool, give locotion) Dorsey Road		50-00
5. S	EX	6. RACE		NEVER MARRIED	B. DATE OF		9. AGE (In years lost birthday)	If Under Months, D	Yr, If Under 24 Hrs.
_	[ale	White	DIVO	RCED	10-	3-1	915 49		
		PATION (Give kind of work varking life, even if retired)		SHIP-AIR POR			ORK	VHAT	COUNTRY?
1	APNIN	A PF	TTUS		EDN	A D	HUGHEC		
15. (Yes		D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORM	ANT	9 Point	Rd.	Transition of the last of the
	171)			UNKNOWN	Mary	E. Lo	gan Bellport		Nv.
CERTIFICATION	DISEASES ( RISE TO TH UNDERLYIN OTHER SIGN	ot meon the mode of osthenio, etc. It meons application which coused on the course of	S NY, GIVING TATING THE CONTRIBUTIN LATED TO TH	(C)G	eratio	n of He	eart.		
CERT	19A. DATE OF		DITION FOR W	HICH OPERATION		TOPSY? (Yes	or No. 208. IF YES, WERE IN CERTIFYING CAL		
MEDICAL	21 A. EXTERNAL UNDERLYING DUTING CAU  21 D TIME OF INJURY (APPROX.)	OR CONTRIB-	etc./	Street E. INJURY OCCURRED		Rt. 17	DID (If in Boltimore City, ur?  76, W. of Elkrid DINJURY OCCUR?	idge Lar	nding, A.A.C
	22.		J A • m.   W	•			in auto-auto		LOII.
		ER'S Charles	uses Ac	Sulcid	CHI ASSISTA	omicide   EF MEDICA  NT MEDICA	on this bosis, deoth in  Undetermined man  AL EXAMINER  AL EXAMINER  AL EXAMINER		DATE SIGNED 1/24/65
	BURIAL CREA		230	NAME OF CEMETERY	CREMATO	RY	23D. LOCATION (Cit	ly, town, or co	ounty) (State)
3	URIAL	BY HEALTH DEPT.	7/965 G	REEN WOOD	CEME	UNERAL DIE	BROOKLYIY	14	Y. Y.
		JAN 26 1965	Robert	E. Farker M.A	Well		ineral Home		



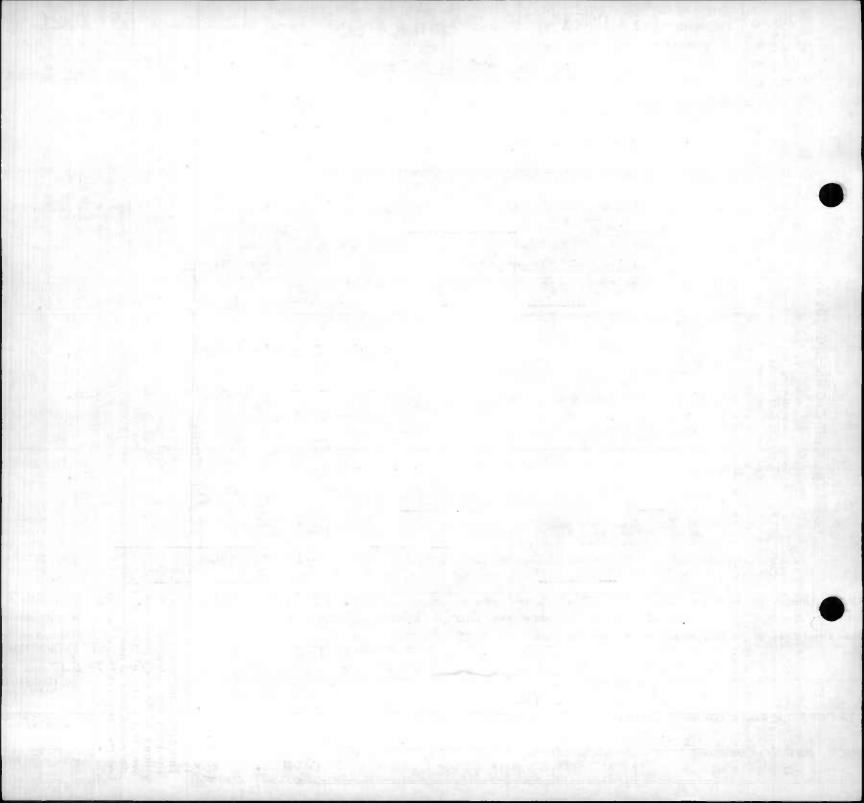
15	-//	1
	se of death (5) Deceased	ince on the Odeath. Such
48	ccurred in a h tributing caus mined cause; (	gular attendo
INI	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature: (2) Body burns: (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the Odeceased prior to death. Such
FUNERAL DIRECTOR: IMPORTANT	er or his assist er. Also, if the ture of any kir	ar attendance
AL DIRECTO	edical examin dical examine urns: (3) A frac	ysician who p
FUNERA	by the chief m pital by a me re: (2) Body by	where the ph
•	t be approved sed to the hos	pital (except eath); and (6)
	ortificate musically was released.	sed prior to d
	This contracts the board	was E

BIRTH N		BALTIMORE CITY	HEALTH DEPARTMENT		CE	0000	
	(10 00.00	CERTIFICA	TE OF DEATH	Registered No	63	USCU	
	ASE NO.	/ 1.	/	D HOUR OF DEATH		./-	
(Type or		SPLT	1/.	77/65		D 40.	
3 PLAC	CE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE When	e deceased lived, It ins	titution; resid	dence before admi	
/			A. STATE B. COUN	TY	1 17		
	L NAME OF (It not in hospital or institut	ion, give street	ma	Carrie	1.1		
	PITAL OR oddress or location)		C. CITY OR TOWN , (It ou	side city limits, write R	URAL ond g	ive township)	
	1 Apriland Geh	1.0 hm	Westm	INSTEL		56-1	
M	IRRY and Jen	reight	D. STREET ADDRESS (If	rural, give location)	- }		
/ .	1405	Dital	27 E1	MAINS	7		
S. SEX	6. RACE 7. MARE	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1	Yr. If Under 2	
10	/ / / WIDO	OWED, DIVORCED (specify)	1	last birthday)	If Under 1 Months D	ays Hours A	
PV		Married	11/25/01	57			
	UAL OCCUPATION (Give kind al work 10B, KIN) ring most of working life, even it retired)	. 1	11. SIRTHPLACE (State or forei	gn country)	12. CITIZEN	OF COUNTRY?	
1	abover MAI	tiv Marietta	ind		1	1 < 4	
	HERS NAME	-1701100110100	14. MOTHERS MAIDEN NA	M.F.	1 1	211	
	11111	1 +	,				
- 1	Herberl Lan	nperi	ANNIE	Cramei	1-0		
S. Wos	Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	*		DDRESS	
	or unknown) (If yes, give wor or dotes of servi	217-07-5985	5001				
	en known					de la contraction de la contra	
1B.	165 / 1	CAUSE O	F DEATH			TERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY	n	retastatio	( 5)	0	1 -	
	LEADING TO DEATH	(A)	relastatic	ca of	1	2 mon	
	nis does nat mean the mode of dying, art failure, asthenia, etc. II means the dise		2,,,,				
	ury ar camplication which caused death.)	ele,	and the same of th				
	SEASES OR CONDITIONS, if any, give to the above cause (A) stating	9					
	NDERLYING CONDITION lost.	The same described to the described to	**************************************	*** *** * * * * * * * * * * * * * * * *		internitural se andr sindi dina selah-dina Sulma dalah dina di	
	11						
N OT	THER SIGNIFICANT CONDITIONS CONTRIBU	JTING					
ATT DI	THER SIGNIFICANT CONDITIONS CONTRIBU O THE DEATH BUT NOT RELATED TO ISEASE OR CONDITION CAUSING IT.	JTIN G THE	1 1 1 1 1				
ATT DI	D THE DEATH BUT NOT RELATED TO ISEASE OR CONDITION CAUSING IT.  A-DATE OF OPERATION 198, CONDITION F	TTING THE OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208 IF YES, WERE F	INDINGS C	ONSIDERED	
ATT DI	THE DEATH BUT NOT RELATED TO SEASE OR CONDITION CAUSING IT.	THE	20A. AUTOPSY? (Yes or No	208 IF YES, WERE F	INDINGS CO	ONSIDERED ATH?	
CERTIFICATION 1901	D THE DEATH BUT NOT RELATED TO ISEASE OR CONDITION CAUSING IT.  A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED	OR WHICH OPERATION	in or about 21 C. WHERE DID	208. IF YES, WERE F	SES OF DE	ATH?	
CERTIFICATION 130 DE 13	THE DEATH BUT NOT RELATED TO ISEASE OR CONDITION CAUSING IT.  A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED  A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	THE OR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, form, foctory, street, o	in or about 21 C. WHERE DID	IN CERTIFYING CAU	SES OF DE	ATH?	
ICAL CERTIFICATION	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i hame, form, foctory, street, o etc.)	in or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	SES OF DE	ATH?	
EDICAL CERTIFICATION AND AND AND AND AND AND AND AND AND AN	THE DEATH BUT NOT RELATED TO ISEASE OR CONDITION CAUSING IT.  A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED  A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)  218. INJURY OCCURRED	in or about 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	SES OF DE	ATH?	
MEDICAL CERTIFICATION 100 L	THE DEATH BUT NOT RELATED TO ISEASE OR CONDITION CAUSING IT.  A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED  A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examiner)  D. TIME (Month) (Doy) (Year) (Hour)	218. PLACE OF INJURY (e.g., hame, form, foctory, street, o etc.)  21E. INJURY OCCURRED  While At Not. While	in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	SES OF DE	ATH?	
MEDICAL CERTIFICATION 190 LA	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examiner)  D. TIME (Month) (Doy) (Year) (Hour)  PPROX.)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, o etc.)  21E. INJURY OCCURRED  While At Not. While At Work	in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimore	SES OF DE	ATH?	
WEDICAL CERTIFICATION OF STATE	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSING ATH (notify medical examiner)  D. TIME (Month) (Doy) (Year) (Hour)  PPROX.)	218. PLACE OF INJURY (e.g., home, torm, foctory, street of etc.)  21E. INJURY OCCURRED  While At Not. While At Work  ed the deceased from	in or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJ	(If in Boltimore	City, give o	ATH?  exact locotion)	
MEDICAL CERTIFICATION 150 150 150 150 150 150 150 150 150 150	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examiner)  D. TIME (Month) (Doy) (Year) (Hour)  PPROX.)	218. PLACE OF INJURY (e.g., home, torm, foctory, street of etc.)  21E. INJURY OCCURRED  While At Not. While At Work  ed the deceased from	in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimore	City, give o	ATH?	
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MEDICAL CERTIFICATION OF STATE	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examiner)  D. TIME (Month) (Doy) (Year) (Hour)  PPROX.)  I certify that (I) (This hospital) attend	THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., index), form, foctory, street, onetc.)  218. INJURY OCCURRED  While At Not. While At Work  ed the deceased from	21F. HOW DID INJ	(If in Bohimore  URY OCCUR?  to  of in (my) (our) opin	City, give o	ath?  pxoct locotion)  19  accurred on the	
MEDICAL CERTIFICATION OF STATE	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examiner)  D. TIME (Month) (Doy) (Year) (Hour)  PPROX.)  I certify that (I) (This hospital) attend	218. PLACE OF INJURY (e.g., hame, form, foctory, street, oetc.)  21E. INJURY OCCURRED  While At Not. While At Work  ed the deceased from on	in or about 21 C. WHERE DID  Iffice bldg., INJURY OCCUR?  21 F. HOW DID INJ  19 5 ond th  view the body after death.  Add.  Director	(If in Boltimore	City, give of	ath?  pxoct locofion)  194  accurred on the	
WEDICAL CERTIFICATION 190 OLS	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSING IT.  A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED  A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examiner)  D. TIME (Month) (Day) (Year) (Hour)  PPROX.)  I certify that (I) (1) his hospital) attend  A. SIGNATURE  C. PHYSICIAN'S	THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., independent of the colory), street, or etc.)  218. INJURY OCCURRED  While At Not. Whith Al Work  ed the deceased from	21F. HOW DID INJ le 19 5 ond the view the body after death.	(If in Boltimore  URY OCCUR?  19	City, give of	ath?  pxoct locotion)  19  accurred on the	
MEDICAL CERTIFICATION OF STATE	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSING IT.  A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examiner)  D. TIME (Month) (Day) (Year) (Hour) (I) (we) lost saw the deceased alive dhour and from the causes stated above. SIGNATURE	THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., independent of the colory), street, or etc.)  218. INJURY OCCURRED  While At Not. Whith Al Work  ed the deceased from	in or about 21 C. WHERE DID  Iffice bldg., INJURY OCCUR?  21 F. HOW DID INJ  19 5 ond th  view the body after death.  Add.  Director	(If in Boltimore  URY OCCUR?  19	City, give of	ath?  pxoct locofion)  194  accurred on the	
WEDICAL CERTIFICATION OF STATE	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSING (Month) (Doy) (Year) (Hour)  D. TIME (Month) (Doy) (Year) (Hour)  PPROX.)  I certify that (I) (This hospital) attended to the course stated above the	THE  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g., index), form, foctory, street, onetc.)  21E. INJURY OCCURRED  While At Not. Whith All Work  ed the deceased from the control on the c	21F. HOW DID INJ le	(If in Bohimore  URY OCCUR?  to of in (my) (our) opin  Stoff Phys.	City, give of	ath?    sect   occion)    194   occurred on the	
MEDICAL CERTIFICATION (NED CALL CERTIFICATION (NED CAL	THE DEATH BUT NOT RELATED TO SEASE OR CONDITION CAUSING IT.  A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED  A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examiner)  D. TIME (Month) (Doy) (Year) (Hour) PPROX.)  I certify that (I) (this hospital) attend  A. SIGNATURE  C. PHYSICIAN'S NAME (Type)  URIAL CREMATION, 248. DATE  24	THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., indexed) and indexed for indexed for indexed from the i	in or about 21 C. WHERE DID  Iffice bldg., INJURY OCCUR?  21 F. HOW DID INJ  19 5 ond th  view the body after death.  Pending Med. Director 22 D. ADDRESS	(If in Bahimore  URY OCCUR?  to of in (my) (our) opin  Stoff Phys.	City, give of	ath?    sect   locotion)    194   occurred on the	
DEDICAL CERTIFICATION MEDICAL CERTIFICATION (VALUE of CAST) (V	THE DEATH BUT NOT RELATED TO SEASE OR CONDITION CAUSING IT.  A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED  A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examiner)  D. TIME (Month) (Doy) (Year) (Hour) PPROX.)  I certify that (I) (this hospital) attend  A. SIGNATURE  C. PHYSICIAN'S NAME (Type)  URIAL CREMATION, 248. DATE  24	THE  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g., index), form, foctory, street, onetc.)  21E. INJURY OCCURRED  While At Not. Whith All Work  ed the deceased from the control on the c	in or about 21 C. WHERE DID  ffice bldg., INJURY OCCUR?  21 F. HOW DID INJ  19 5 ond th  view the body after death.  23 D. ADDRESS  EMATORY 24D. L	(If in Bohimore  URY OCCUR?  To ot in (my) (our) opin  Stoff Phys.	City, give of the company of the com	ath?    xoct   locotion)    194   occurred on the	
WEDICAL CERTIFICATION OF STATE	THE DEATH BUT NOT RELATED TO SEEASE OR CONDITION CAUSING IT.  A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED  A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examiner)  D. TIME (Month) (Day) (Year) (Hour) (I) (We) lost saw the deceased alive dhour and from the causes stated above A. SIGNATURE  D. TIME (I) (We) lost saw the deceased alive dhour and from the causes stated above A. SIGNATURE  D. PHYSICIAN'S NAME (Type)  URIAL CREMATION, 248. DATE 24 EMOVAL (Specify)  UTIAL CREMATION, 248. DATE 24 EMOVAL (Specify)	THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., indexed) and indexed for indexed for indexed from the i	in or about 21 C. WHERE DID  ffice bldg., INJURY OCCUR?  21 F. HOW DID INJ  19 5 ond th  view the body after death.  23 D. ADDRESS  EMATORY 24D. L	(If in Bohimore  URY OCCUR?  19 to of in (my) (our) opin  Stoff Phys.	City, give of the city, give o	ath?    sect   locotion)    194   occurred on the     ZZ / 63 -     county) (St	
WEDICAL CERTIFICATION OF STATE	THE DEATH BUT NOT RELATED TO SEEASE OR CONDITION CAUSING IT.  A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED  A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examiner)  D. TIME (Month) (Day) (Year) (Hour) (I) (We) lost saw the deceased alive dhour and from the causes stated above A. SIGNATURE  D. TIME (I) (We) lost saw the deceased alive dhour and from the causes stated above A. SIGNATURE  D. PHYSICIAN'S NAME (Type)  URIAL CREMATION, 248. DATE 24 EMOVAL (Specify)  UTIAL CREMATION, 248. DATE 24 EMOVAL (Specify)	218. PLACE OF INJURY (e.g., ihome, form, foctory, street, oetc.)  218. INJURY OCCURRED  While At Not. White At Work  ed the deceased from on	in or about 21 C. WHERE DID  ffice bldg. INJURY OCCUR?  21 F. HOW DID INJ  19 5 ond th  view the body after death.  23 D. ADDRESS  EMATORY 24D. L.  24D. L.	(If in Bohimore  URY OCCUR?  19 / to of in (my) (our) opin  Stoff Phys. City  iontown, Ca  91-95	City, give of the company of the com	ath?    Sexual locotion	



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

		0.2	0004		BALTIMORE CITY	HEALTH DEPARTM	ENT	05 0001		
	H NO.	., 0	0921		CERTIFICA	TE OF DEA	TH Registered N	No. 65 0921		
1. N (Typ	AME OF D	ECEASE	Nora		erine Colema	an .		1965   1:30 A M.		
	FULL NAMI HOSPITAL ON	E O F	(If not in hospitol oddress or location	or institutio	n, give street	Maryl: c. cin or town Balti	and  (If outside city limits, wr	If institution: residence before admission)  write RURAL and give township)		
	1	.301	Haubert	St.		D. STREET ADDRESS	(If rurol, give locotion) Haubert St.	3)		
5. 5	EX	6. RA	W	WIDOV	ed, NEVER MARRIED VED, DIVORCED (specify) Arried	8. DATE OF BIRTH 2/8/187	9. AGE (In years	If Under 1 Yi. If Under 24 Hrs. Months Doys Hours Min.		
don	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OF done during most of working life, even if refired)  Housewife			OF BUSINESS OR INDUSTRY	Eng.	land	12. CITIZEN OF WHAT COUNTRY? England			
	Michael Barrett						Mary Flynn			
			in U. S. Armed For es, give wor or dote		SECURITY NO.	Margaret	Koesters 1	301 Haubert St.		
	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. If means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.					erioscler disea	otic heart se iosclerosis	interval between onset and death  2 yrs.  yrs.		
CERTIFICATION						onal Anemia yrs.				
CERTIFI	21A. ACC	DENT W	WAS PER	FORMED	11 B. PLACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes or No)  NO  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  (If in Boltimore City, give exact location)				
MEDICAL	OR CONTI	RIBUTING otify med (Mo	CAUSE OF	(Hour) 2		office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?				
	22. I cert that (I) (v and hour 23A. SIGN/	and fro	(1) (+MANASAMA) saw the decease m the causes sto	attended	death.  Stoff Phys.	Jan. 22 19 65 apinion death accurred on the date				
	Buri	al	- 1 1-	5 N	NAME OF CEMETERY OF CRE  OF REGISTRAR  THE STATE OF THE S	Cemetery	andell St.  Pada Location  Baltimon  Baltimon  S.L. Steve	(City, town, or county) (State)  re, Md  ADDRESS  45 Funeral Home, FA		
VS	150-REV. 1	/1/65				750	-1.07			



Such and of death (5) Deceased uo hospital death. attendance 40 prior contributing etermined is made. regular deceased disposition death = (4) Und Mas the IMPORTANT uo death final attendance any pronounced 0 embalmed of fracture regular DIRECTOR: who are physician before the remains chief medical Was FUNERAL physician

(2) Body

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approval

written

BIRTH NO. M.E. CASE NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered Na

I, NAME OF DEC	EASED				
(Type or Print)	D	D		1	0 -
	DABY	DOY	OF	BERTINA	COATES

JOHNS HOPKINS HOSPITAL

2. DATE AND HOUR OF DEATH

			U	AB	T	0	UT	OF	
PLACE	OF	DEATH	IN	BAL	TIMO	DRE,	MA	RYLAN	C

4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY

INTERVAL BETWEEN

ONSET AND DEATH

FULL NAME OF HOSPITAL OR INSTITUTION

13. FATHER'S NAME

(If not in hospital or institution, give street oddress or location)

MARYLAND, ANNE ARUNDEL C. CITY OR TOWN (If outside city limits, write RURAL and give township)

ANNAPOLIS
D. STREET ADDRESS

(If rurol, give location) 104 South St

If Under 1 Yr. Months Doys 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. Min. Hours WIDOWED, DIVORCED (specify) lost birthday 1-23-65 SINGLE NEGRO 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?

done during most of working life, even if retired)

15. Was Deceased Ever in U. S. Armed Forces

(Yes, no or unknown) (If yes, give wor or dates of service)

14. MOTHER'S MAIDEN NAME

BERTINA CARPENTER ADDRESS 17. INFORMANT

CAUSE OF DEATH Consturiti DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, astheria, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving

6. SOCIAL

SECURITY NO.

to the obove cause (A) stating the UNDERLYING CONDITION lost.

CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION

20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

OR CONTRIBUTING CAUSE OF DEATH (notily medical examined

218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

MEDI 21 D. TIME (Month) (Doy) (Year) (Hous) 21E, INJURY OCCURRED OF INJURY (APPROX.)

that (1) (we) last saw the deceased alive an...

Not While While At Work At Work

22. I certify that (1) (this hospital) attended the degeased from

606 ....and that in(my) (aur) apinian death accurred an the date

and hour and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A, SIGNATURE

23C. PHYSICIAN'S NAME (Type) M.D. Attending Phys. Director \_\_\_ 23D. ADDRESS

Phy s.

23B, DATE SIGNED

LAURE

M.D.

JOHNS HOPKINS HOSPITAL

LOCATION

24D.

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY

(II in Boltimore City, give exact location)

JAN 26 1965

25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/65

Tal Title Davity Trade

IL THE THE ARTT AND

100

The Marie of South

PARKWOOD CEMETERY

248, NAME OF REGISTRAR

VS 151-REV. 1/1/65

BURIAL

LEONARD J. RUCK, INC., BALTO., MD. 21214

24C. FUNERAL DIRECTOR

BALTIMORE, MARYLAND

ADDRESS

THE RESERVE OF THE PROPERTY OF Light of the control The state of the s 

- 2	41	1
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.

0004		IT HEALTH DEPARTMENT		CE DOD!
BIRTH NO. 65 0924	CERTIFIC	ATE OF DEATH	Registered No.	65 0924
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
Type or Print) TAO 184 641 0	-, MAVIE		25 - 65	1 1 10-1
B. PLACE OF DEATH IN BALTIMORE, MARYLAND				estitution: residence before odmission
DEDTIEIDATE CODDECTE	7 2-1-65	A. STATE B. COUN	TY	0000
LEGEL HAME OF I LAT not be he spirit or institu	Mon give steed	md		21-03
HOSPITAL OR address or location)		C. CITY OR TOWN (If out	side city limits, write	RURAL and give township)
		BALTIME	OYE	
CHURCH Home	1 1/200	D. STREET ADDRESS (III	rurol, give location)	
CAMEEN HOME	E HOSP.	2812 60	od wo	nd Pd
6. SEX   6. RACE   7. MA	RRIED, NEVER MARRIED			
WIE	OWED, DIVORCED (specify)	8. DATE OF BIRTH 1900	lost birthdoy)	If Under 1 Yr. If Under 24 Hr. Manths Doys Haurs Min.
	ARRIED	6-22-29	25-64	
OA. USUAL OCCUPATION (Give kind of work 10B, KII one during most of working life, even if retired)	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or farei	gn country)	12. CITIZEN OF WHAT COUNTRY?
		PEHNSYL2	1411-1	
HOUSE WI FR		14. MOTHER'S MAIDEN NAM	AE	U.S.A.
		14. MOTHER'S MAIDEN NAM	N.E.	
MAYTIN BOYII	45RV	NOT	KNOWN	
5. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	LIVONIV	ADDRESS
(lf yes, give war ar dates of se	SECURITY NO.			
		MR. STEPHEN C.	TAGLIABUE	SAME
1B.	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		2		ONSET AND DEATH
LEADING TO DEATH	(	LYELVAL	T/ / T	
. (This does not meon the mode of dying,	(A) (A)	K. J. C. V. P. Sec.	nromev	24
heart foilure, osthenio, etc. It means the dis				
injury or complication which coused death.)	2)			4
ANTECEDENT CAUSES	(B)	IATETES +	n E 2611	Le .
DISEASES OF CONDITIONS IS A	DOE 10			
DISEASES OR CONDITIONS, if ony, ise to the obove couse (A) stoting	the 100 G F	FNEVALIZE	- d	
UNDERLYING CONDITION lost.	1	rteviose L	E 12 A C 1	C
ll ll	///	1 E VI U S C L	L V O 3 /-	
Z OTHER SICNIFICANT CONDITIONS CONTRI	UTING			
TO THE DEATH BUT NOT RELATED T				
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes ar No	208. IF YES WERE	FINDINGS CONVIDEND
WAS PERFORMED		1/2	IN CERTIFYING CA	USES OF DEATH?
		140		
OR CONTRIBUTING CAUSE OF	home, form, foctory, street.	office bidg., INJURY OCCUR?	(If in Baltimore	City, give exact lacation)
DEATH (natify medical examiner)	etc.)			
O 21D. TIME (Manth) (Doy) (Year) (Hauri	21E INJURY OCCURRED	215 11011 215 1111	URY OCCUPS	
S OF INJURY		21F. HOW DID INJ	OKT OCCOR?	
(APPROX.)	While At Work At Wo			
22 1			. 15	1- 25
22. I certify that (I) (this hospital) atten	ded the deceased from		9 62 to	1- 25 19 63
that (1) (we) lost sow the deceased alive	on 1-25	19 65 and the	ot in (my) (our) opi	nian death occurred an the do
and hour and from the causes stated abo	(1) (Wa) (4:4) (4:4			
23A. SIGNATURE	ves (1) (ve) (did) (d+0-40)	view the body offer death.		loop DATE MONTH
		n. 45-	5. #	23B. DATE SIGNED
Johnson Ba	M.D. A	hys. Med. Director	Stoff Phys.	1-25-65
23 C. PHYSICIAN'S	00	23D. ADDRESS		
NAME (Type)			Home	1 11/25 +
EPHRAIM B. BA	1 3 H 9 H M.I	- MEREIT	1,0,000	E 400 b 1 1 H
4A. BURÍAL CREMATION, 24B. DATE REMOVAL (Specify)	4 NAME OF CEMETERY OF C	REMATORY 24D. LC	CATION (Ci	ty, town, or county) (State)
warrie v Ala repearly				
BURLAL 1/28/65	LAKEVIEW MEMOF	RIAL CEMETERY C	ARROLL COUNT	CY MD.
25A. DATE REC'D BY HEALTH DEPT. 25B. N.	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
JAN 2.6 1965 (12.0)	eb E. Farbuna	LEONARD I DE	ICK THO DAT	mo
/S 150-REV, 1/1/65		LEONARD J. RI	TAL BAI	TU. MD

V.S. 153 2-1-65 M.H.

VS 151-REV. 1/1/65

Stripes of the self-tender of the self-tender THE RESERVE OF THE PARTY OF THE

25B. NAME OF REGISTRAR

1965 (12.0.

VS 150-REV. 1/1/65

BIRTH NO.

M.E. CASE NO

I. NAME OF DECEASED (Type or Print)

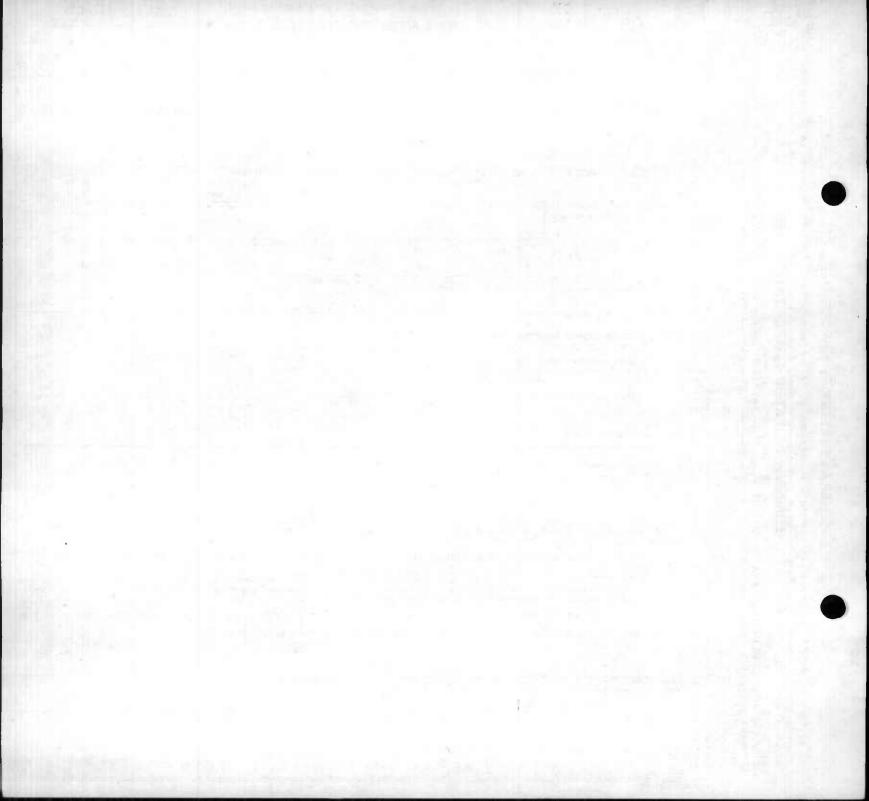
3. PLACE OF DEATH IN

Such on the

BALTIMORE CITY HEALTH DEPARTMENT

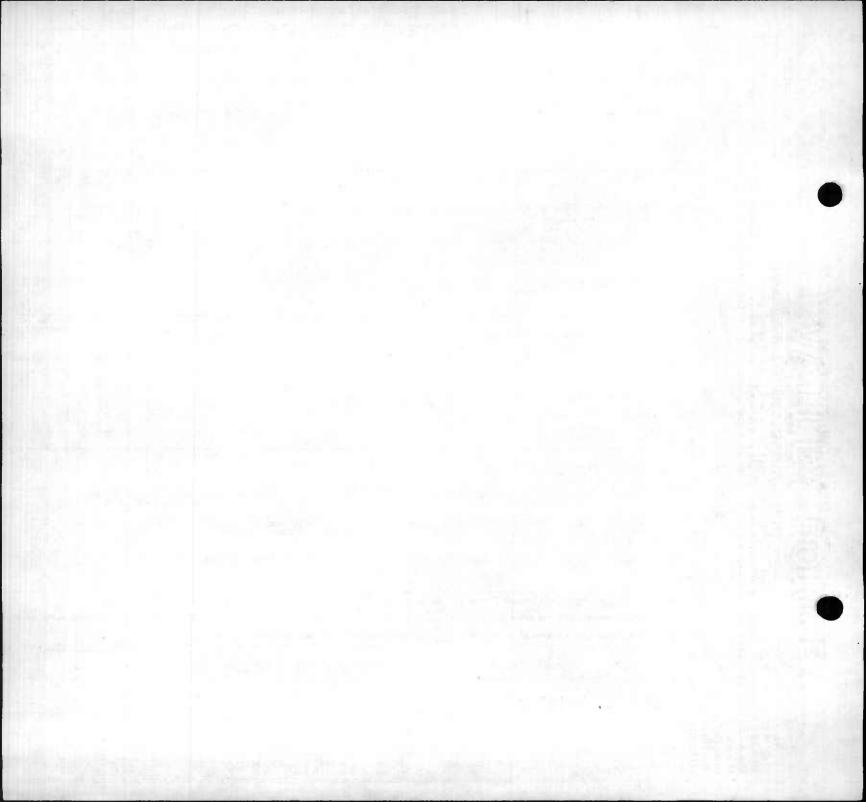
CERTIFICATE OF DEATH

Registered No. 2. DATE AND HOUR OF DEATH USUAL RESIDENCE (Where deceased Uf outside city limits, write RURAL and give township) If Under 1 Yr. If Und If Under 24 Hrs. Hours : Min. 12. CITIZEN OF WHAT COUNTRY? 0.5 ADDRESS ONSET AND DEATH IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (our) opinion death occurred on the date 238 DATE SIGNED



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

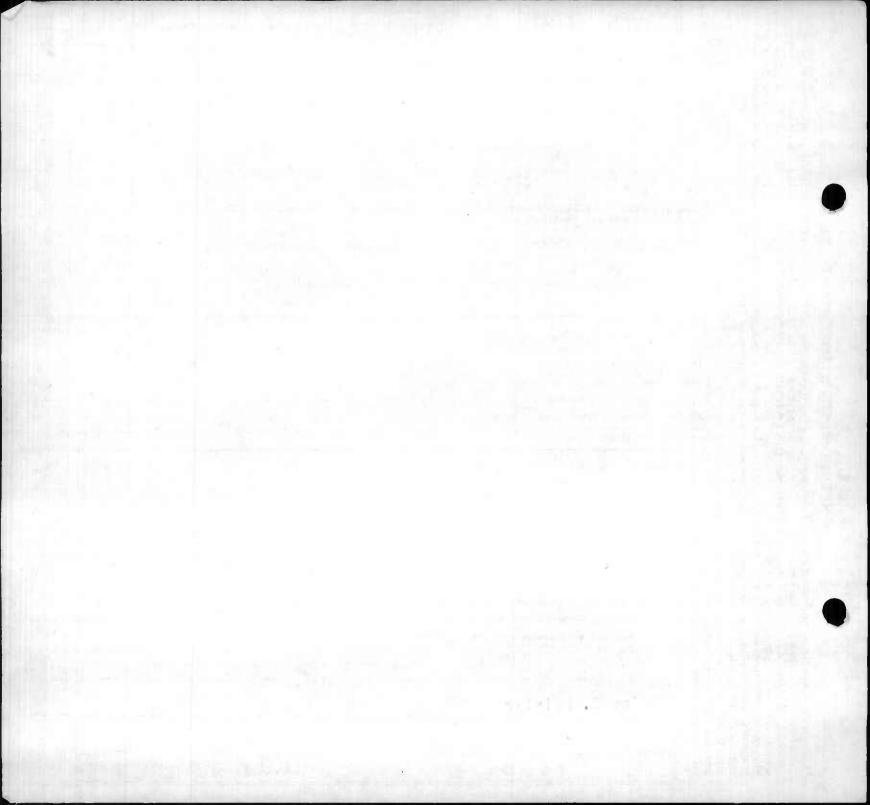
4	15-01917	BALTIMORE CITY	HEALTH DEPARTMENT	C5 0027				
BIRTH NO. M.E. CASE NO.	65 09	27 CERTIFICA	TE OF DEATH Regi	stered No. 65 0927				
1. NAME OF DECEA	SED BOY BOY	CANNON	JAN. 20, 196	- 10				
	H IN BALTIMORE, MA		4. USUAL RESIDENCE (Where decease	ed lived. If institution; residence before admission)				
FULL NAME OF	(If not in bosnital	or institution, give street	UNIVERSITE	HOSPITAL				
HOSPITAL OR	oddress or locotion		C. CITY OR TOWN (If outside city	limits, write RURAL and give township)				
		1000 -	BALTIMORE					
NHIO	ERS ITY	H024114C	D. STREET ADDRESS (If rurol, give 422 Robe.	t 57. # 17				
m	RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Never Married	B. DATE OF BIRTH 9 20 65   9. AGE (I lost birthd	oyl Months Doys Hours Min.				
	ATION (Give kind of work rking life, even it retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country	WHAT COUNTRYS				
			MARKLANI	45A				
13. FATHER'S NAME		2	14. MOTHER'S MAIDEN NAME					
Cla	rence 1	3arnes	Mabel	Jones				
15. Was Deceased E	ver in U. S. Armed For f yes, give wor or dote	ces? 16. SOCIAL SECURITY NO.	Mabel 17. INFORMANT University	ADDRESS				
70	, , , , , , , , , , , , , , , , , , , ,	SECONIT NO.	University	Hosp, tal				
1B. 17 27 5	A COLOR	CAUSE O		INTERVAL BETWEEN				
DISEASE	OR CONDITION DIS	RECTLY		ONSET AND DEATH				
	LEADING TO DEATH (This does not mean the made of dying, e.g.,  DUE TO  DUE TO  LEADING TO DEATH  (A) Respiratory Distress Syndrome 18 hrs.							
	mean the made of thenia, etc. It means	dying, e.g., DUE TO						
injury ar campl	ication which caused	death,)	romaturite	18 hrs.				
AN	ITECEDENT CAUSES	(B)	· OVNA FAVIL	-2.0-3				
	CONDITIONS, if							
	abave cause (A) CONDITION last.	siding the (C)						
	- 11							
O THE DEA	THER SIGNIFICANT CONDITIONS CONTRIBUTING  O THE DEATH BUT NOT RELATED TO THE							
DISEASE OR CO	ONDITION CAUSING I	Т.						
19A. DATE OF O	PERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF	YES, WERE FINDINGS CONSIDERED				
U 21 A. ACCIDENT	WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i		If in Bollimore City, give exact location)				
OR CONTRIBUTE	NG CAUSE OF	home, farm, factory, street, o	ffice bldg., INJURY OCCUR?	ir in bollimore City, give exoct location				
W OF INTITION	Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCC	CUR?				
(APPROX.)		While At Not While Work At Work						
22. I certify th	at (1) (this hospital	) attended the deceased fram	JAN. 20 1965	10 JAN. 20 19 65				
that (1) (we) 10	ist saw the decease	d glive on JAM.	20 19 65 and that in (my	) (aur) apinian death accurred an the date				
				, (doi) aprillan death accorred an the date				
23A. SIGNATURE		red abave. (1) (We) (did) (did nat)	view the bady after death.	23B. DATE SIGNED				
1	lice B.	Deisler M.D. All	ending Med. Stoff Phys.	Tarre				
23C. PHYSICIAN		Phy	ending Med. Stoff Phys. 23D. ADDRESS	JAN. 21, 1965				
NAME (Type		122	11 11111 50 61 70	4405P1.TH C				
Alic		/1 ( 4 / 5 / 5	IMV ROARD OF M	ARVIAND				
24A. BURIAL CREMA	ecify) AM O O	24C, NAME of CEMETERY & CR	EMATURI 2 22D. LOCATION	(Stole)				
	MIN 26	JOHNS	HOPKINS   MEDICA	AL SCHOOL				
25A 100 5 6 1	HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS				
ONIT DU I	Joseph Colored	T. Tanada, Ta	MUNIUAKY SE	RVICE - BCHD				
VS 150-REV. 1/1/65								



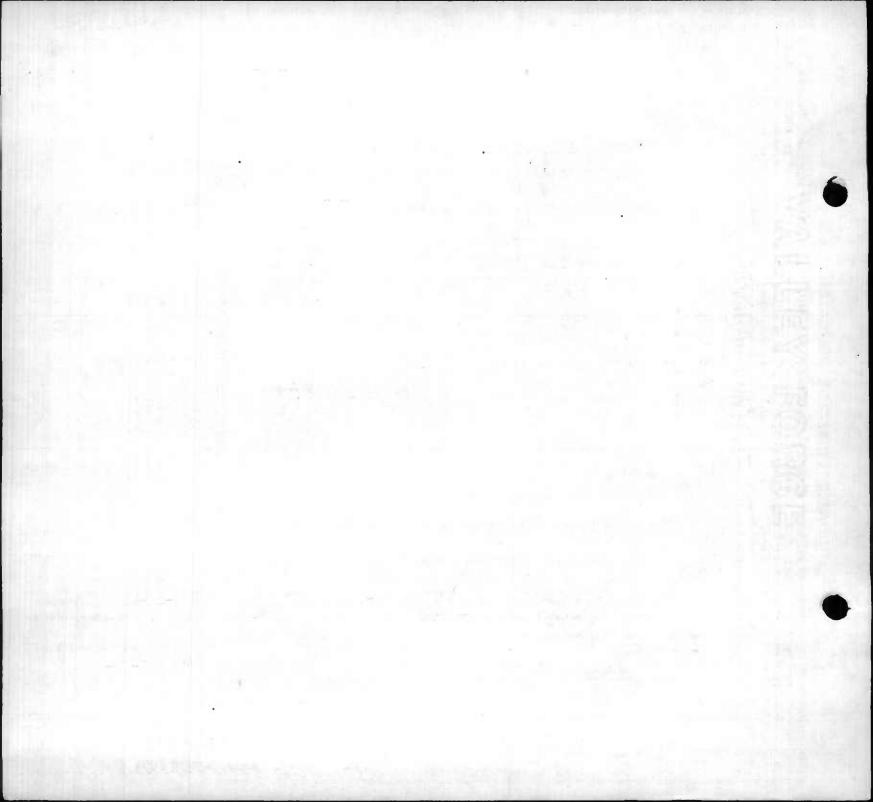
## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such

	65.01263 1928	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 0928	
BIRTH NO.	00	CERTIFICA	ATE OF DEATH	Registered No.	00 0020	
1. NAME OF	BABY GIRL		1	HOUR OF DEATH	758 A	
3. PLACE O	F DEATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (Where	deceased lived, If i	nstitution: residence before admiss	
FULL NA HOSPITAI	L OR address or location)	stitution, give street		LAND ide city limits, write	RURAL and give township)	
	il MINIE O CITE	HOSPITAL	D. STREET ADDRESS (III 10	TIMORS		
	MAIOCESTIC	Hespithe	,	wingte		
5. SEX		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)  COCY MOVING	1 1 1	. AGE (In yeors ost birthday)	If Under 1 Yr. If Under 24 Months Days Hours Mir	
10A, USUAL	OCCUPATION (Give kind of work 108 nost all working life, even if retired)	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?	
done donnig n	nost of working me, even it remedy		MARKO	AND	u.s.A.	
13. FATHER			14. MOTHER'S MAIDEN NAM			
	JOHNIE J	OHNSON	EUGEN	IA WI	LSON	
15. Was Dec	eased Ever in U. S. Armed Forces?		17. INFORMANT		ADDRESS	
(res, na ar un	(knawn) (If yes, give wor or dotes of	SECURITY NO.	UNI	VERSIT	+ HOSPITAL	
1B.	26 X I	CAUSE	DF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECT	TLY		1	ONSET AND DEATH	
(Thin 4	LEADING TO DEATH oes not mean the made of dyi	(A)	1mmaturi	74	9hrs:	
heart fo	pilure, asthenio, etc. It means the	disease,				
injury o	or complication which coused dec					
	ANTECEDENT CAUSES	DUE TO		****************************	***************************************	
	DISEASES DR CDNDITIONS, if any, giving rise to the above cause (A) stating the (C)					
	o the obove cause (A) sta RLYING CONDITION last,	ting the (C)		***************************************	~~~~~~~	
	jı —					
E TD TH	SIGNIFICANT CONDITIONS CON- HE DEATH BUT NOT RELATED SE OR CONDITION CAUSING IT.					
	TE OF OPERATION 198. CONDITI	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?	
OR CON	CIDENT WAS UNDERLYING OTTO CAUSE OF (notify medical examiner)	218. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)	
OF INJU		out 21 E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?		
(APPRO		While At Not Wh				
22 1	ertify that (1) (this haspital) at			65 10	JAN, 13 196	
thot (I)	(we) lost sow the deceased o	live on JAN 1			infon death occurred an the	
and ho	ur and from the causes stated	obove. (1) (We) (did) (dld not)	view the body ofter death.			
23A. SIG	NATURE	1			23B, DATE SIGNED	
1	lus R. d	M.D. At	tending Med. S	hys.	JAN. 13,19	
23C. PH	SICIAN'S		23D. ADDRESS			
NA	Alice B. Heis	ler ANI MID.	OMV DOLDO OF	C 88 A D VI	4 BUGS	
24A. BURIAL	CREALATION DATE	24C. NAME OF CEMETERY OF CE	REMATORY 24D, LO	CATION	ity, town, or county) (Stot	
REMO	CREMATION, JAN 26 1	Libbs.				
DEA DATE		JOHN:		VICAL S	CHOOL	
JAN 2	REC'D BY HEALTH DEPT. 25B	NAME OF REGISTRAR	25C. MURTUAR	Y SERVI	CE BCHD	
				A A		



64.	33092		BALTIMORE CI	TY HEALTH DEPARTMENT		65 0929 4
BIRTH NO.	65 0929		CERTIFIC	ATE OF DEATH	Registered No.	00 0020
M.E. CASE NO.	EASED			2. DATE AN	ND HOUR OF DEATH	
Type or Print)		lo Tam	ac Andmoss			
3. PLACE OF DE	Summervill ATH IN BALTIMORE MA	RYLAND	es andrew	1-24.	re deceased lived. If i	institution: residence before admission)
FULL NAME (		or instilution, (	givo stroot	Maryland	14	-22
INSTITUTION	Provident		al	Baltimore	tside city limits, wrife	RURAL and give township)
	1514 Divis			D. STREET ADDRESS (If	rural, give location)	
	Baltimore	Maryl	and 21217	531 Laurens	St.	
- SEX	6. RACE	7. MARRIED,	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male	Negro			12-4-64	1 Month	
	UPATION (Give kind of work	10B, KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stale or fore		12. CITIZEN OF WHAT COUNTRY?
ine during most of	working life, even if retired)			Manufland		
	A A P			Maryland	110	USA
FATHER'S NA				14. MOTHER'S MAIDEN NA		
Archie	e Summerville	9		Rosa Ann Jol	hnson	
5. Was Decease	d Ever in U. S. Armod For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
NO	n) (If yes, givo war ar data	s of sorvico)	SECURITY NO.	(Mother) Ross	a Ann Summe	erville 531 Lauren
1B.	1.01		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIE	RECTLY				ONSET AND DEATH
	LEADING TO DEATH		(A) De	hydration		
(This does	nal mean the made of	dying, e.g.,	DUE TO			
	, asthenia, etc. It means mplication which caused			Carrier and the same of		
			(B) Ga	stroenteritis		
	ANTECEDENT CAUSES		DUE TO	1777 - T. 1771 - 1771 - 1971 -		our e recommendade de la compansión de l
	OR CONDITIONS, if					
	G CONDITION last.	slaling the	(C)			
ONDERCTIN	G CONDITION last.					
TO THE	IFICANT CONDITIONS CONDENT BUT NOT RELATED CONDITION CAUSING I	TED TO TH	F	nonitis		
	F OPERATION 198. CON			20A. AUTOPSY? (Yos or No	o) 208, IF YES, WERE	FINDINGS CONSIDERED
19A.DATE O	WAS PER	FORMED		No	IN CERTIFYING C	AUSES OF DEATH?
U 21 A. ACCIDE	NT WAS UNDERLYING	21B	PLACE OF INJURY (e.c.	, in or about 21C. WHERE DID	(If in Baltimo	to City, give exect location)
OR CONTRIB	UTING CAUSE OF	hom etc.	e, form, foctory, street,	affice bldg., INJURY OCCUR?		
	(Month) (Doy) (Your)	(Hous) Dis	INJURY OCCURRED	21F. HOW DID INJ	ILIPY OCCUP?	
OF INJURY	(Louis (Doy) (100)				OKI OCCOR:	
(APPROX)		Wo				
22	y that (1) (this hospital	) ottended t	he deceased from	2 -24-65	19to	-24-65 19
that (I) (we	) lost sow the decease	d olive on	1-24-65	19and th	not in (my) (our) op	inion death occurred on the dot
ond hour on	nd from the couses sto	red obove. (I	) (We) (did) (did not	) view the body ofter death.		
23A. SIGNAT						23B. DATE SIGNED
	M Kel	~	M.D.	Attending Med.	Stoff -	1-25-65
	11.00		X	Phys. Director	Stoff Phy s.	
PHYSICIA NAME (				23D. ADDRESS		
	Behro	oz	M.	D. 1514 Divisi	on St.	
4A. BURIAL CRI			AME of CEMETERY or			City, town, or county) (State)
REMOVAL		240.N/	- CONTENENT OF	240. [	IA IA A	ony, lowit, or country) (store)
BURIHI	1/26/	55 M	1 CALYHKY	· Wal I	7 4 (0.	Mo
SA. DATE REC'E	BY HEALTH DEPT.	258. NAME	OF REGISTRAR	2.C. FUNERAL DIRECTO	R	- ADDRESS
JAN 26	1965 100 6	Q To	2.44	General G	Kelson 1	348 N. Fell
37111 20 0	1300 Volero	C. Van	DED END	Conge. w.	c cc co o	- IOII CUMPOUN.
/S 150-REV. 1/1/	/65					



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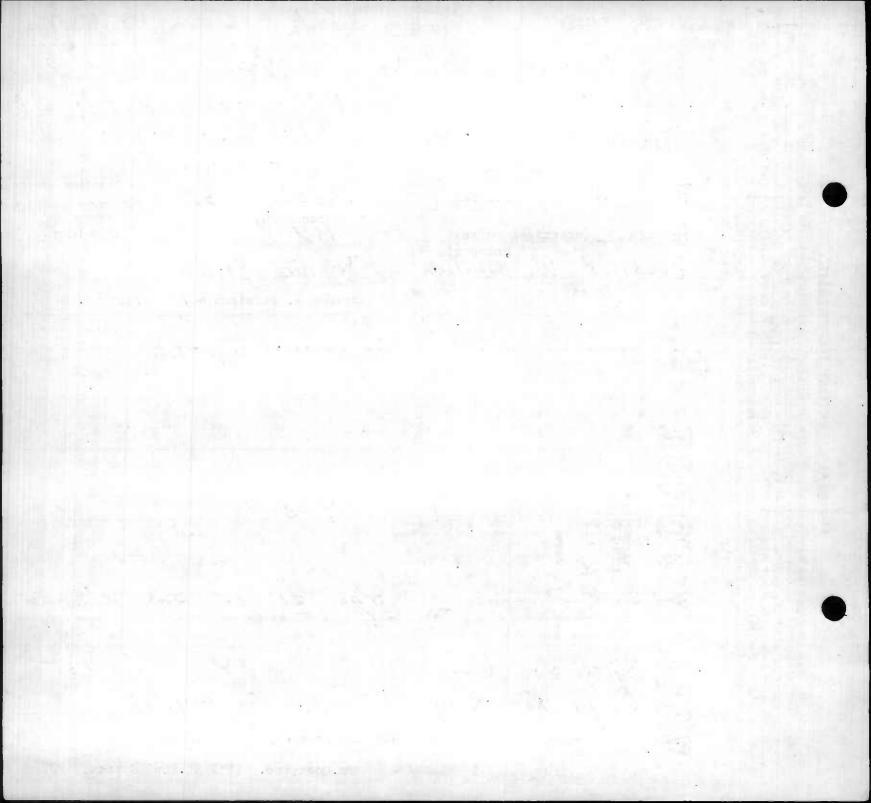
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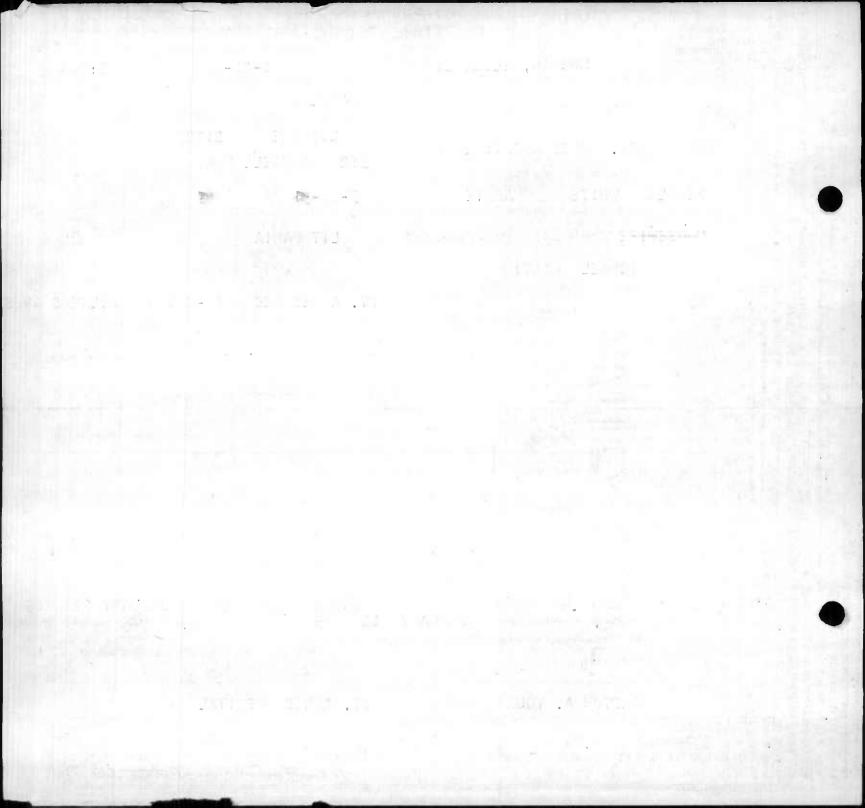
contributin occurred

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. TIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before odmission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or tocotion) C. CITY OR JOW! limits, write RURAL and give township) 21212 D. STREET ADDRESS (If rurol, give location) 5. SEX MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGB (In years If Under 1 Yr. Months: Doys 6. RACE Il Under 24 Hrs. Hours Min. Hours WIDOWED, DIVORCED (specify) married 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or loreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working lile, even if retired) Queens town, U.SI 13. FATHERS NAME (practical Nurse) 14. MOTHERS MAIDEN NAME Metzdorf 15. Was Deceased Ever in U. ADDRESS 6. SOCIAL S. Armed Forces (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Clarence W. Harrison, 407 Woodford Rd., 21212 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenia, etc. It means the disease, injury at camplication which caused death,) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office btdg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (II in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc.) (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from. VAVI 4.5 and that in(my) (aur) opinion death occurred an the dote that (1) (we) last saw the deceased alive an., and haur and fram the causes stated abave. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 238. DATE SIGNED Attending Med. Stoll approval Phys. Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type 24A. BURIAL CREMATION, REMOVAL (Specify) BURTAL 1-26-65 Moreland Memorial Cemetery Baltimore 25B. NAME OF REGISTRAN 2SC. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul Street, 21202 VS 150-REV. 1/1/65



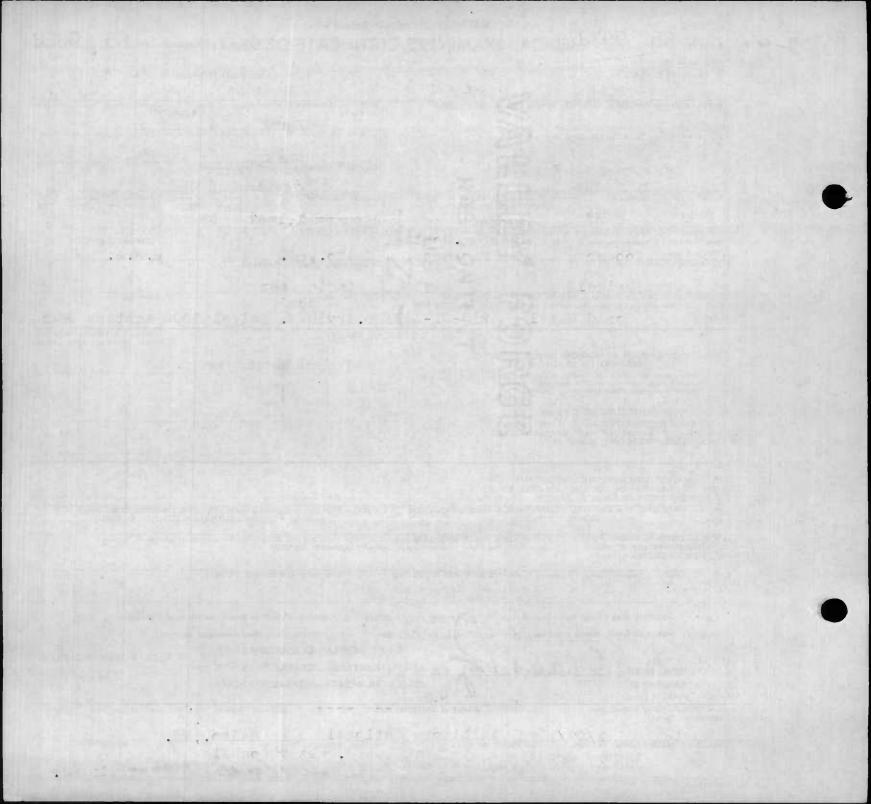
		0931		BALTIMORE CIT	Y HEALTH DEPARTMENT		0.7
M.	TH NO. 65 E. CASE NO.	, , , , ,		CERTIFICA	ATE OF DEATH	Registered Na.	65 0931
(Ту	Pint)	KWEDA	AR, ELI	ZABETH	1 -	-22-65	2:00A M.
	PLACE OF DEAT	(If not in hospital		nive street	4. USUAL RESIDENCE (When A. STATE B. COUN MARY AND		itutiam residence before admission)
	HOSPITAL OR NSTITUTION	oddress or locotio		pve sneet	C. CITY OR TOWN (If out	side city limits, write RU	RAL ond give township)
	<u> Birine</u>	ST. A GNES	HOSPIT	AL		rurol, give locotion)  L ROAD	
5. 5	FEMALE	WHITE	WARR	NEVER MARRIED	3-19-11-97	6/	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
don	e during most of wo	rking life, even if retired) FESEAMSTRE		BUSINESS OR INDUSTR	LITHUANIA  14. MOTHER'S MAIDEN NAM		12. CITIZEN OF WHAT COUNTRY? V, S, A,
			RTIN			- KNOWN	
15. (Ye	Nas Decoosed E s, no or unknown) (I	ver in U. S. Armed Fo If yes, give wor or dote	es of service)	SECURITY NO.	ST. AGNES REC	CORDS -CATO	N & WILKENS AVE
	18.	OR CONDITION DI	PECTLY	CAUSE	OF DEATH	/	INTERVAL BETWEEN ONSET AND DEATH
	L	EADING TO DEATH		(A) T	erebral hemorr	hage	72 hirs
	heart failure, or injury or comp	sthenia, etc. It means lication which caused	the disease, death.)	(8)	Gardinsive Cardy	Dupsmeler Dis	3 Vears
	DISEASES OR	CONDITIONS, if obove cause (A)	any, giving	DUE TO /			,,
ATION	OTHER SIGNIFICATION THE DEA	CANT CONDITIONS (ATH BUT NOT RELA	ATED TO THE		None.		
ERTIFIC/	19A. DATE OF C		DITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes or No	ON OF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
CAL CE	OR CONTRIBUTI	WAS UNDERLYING DING CAUSE OF	21 B. hom etc.)	e, lorm, foctory, street,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
MEDI	21 D. TIME OF INJURY (APPROX.)	Month)  Doy) (Year)		INJURY OCCURRED  le At		URY OCCUR?	
		nat (1) (this haspita			JANUARY 18 1	1965 ta	ANUARY 22.19 65.
		fram the causes sta		) (We) (did) (did nat)	view the bady after death.  tending Med. pirector		Jan. 22, 1965
	23C. PHYSICIAN NAME (Typ	e)	YOUNG	M.D	23D. ADDRESS	SPITAL	/
24/		ATION, 248. DATE	24C.NA	and of CEMETERY of C	rematory 24D. LO	Baltemy	, town, or county) (Stote)
254	A. DATE REC'D	N 2 7 1965 (	258 NAME C	E Falley M.A.	25C. FUNERAL DIRECTOR	. 011	towardly, Tref.
VS	150-REV. 1/1/65						

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BI R1	тн но. 65	0932 <sub>M</sub>	EDICAL EX	KAMINER'S CI	ERTIFICAT	TE OF D	EATH Registe	red No.	55 0	932
	E CASE NO.	3 9391								
1. I	NAME OF DEC						HOUR PRONOUNC			
,	50 01 11111	HENRY	BEI	GEL		Januar	y 23, 1965		9:40	A. M.
3. F	LACE IN BALT	IMORE MARYLAN	D, WHERE PRONO	UNCED DEAD	A. STATE		eceosed lived. If inst		dence before o	dmi s sior
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HO	SPITAL OR INSTIT	UTION, GIVE STREET		ryland WN (If outside	corporate limits, write	RURAL or	nd give towns	hip)
						ltimore		de	0-01	
	Unio	n Memorial	Hospital		D. STREET ADD					
			Spiriting.		11		nna Avenue			
5. 5	EX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRT	Н	9. AGE (In years lost birthdoy)		Days Hours	
1	Male	White			January	7 1887			1	
10A	USUAL OCC	JPATION (Give kind o	of work 10 B. KIND O	F, BUSINESS, OR INDUSTRY	11. BIRTHPLACE	(State or foreign	country)	12. CITIZI		-
don	e during most of	working life, even if rel		F. BUSINESS OR INDUSTRY					T COUNTRY?	
R	etired	Cooper	Meat	Packers	Balto.	Md.		U.S.	A.	
13.	FATHER'S NAM	15			14. MOTHER'S M	AIDEN NAME				
	Paul	Beigel			Minnie	Dean				
		D EVER IN U.S. Al		16. SO CIAL SECURITY NO.	17. INFORMANT	Son		ADDRESS		
	9 S	world W		213-01-3391			1007 4309	Ann	tone *	SILE
T		\$401, TO \$1	var 1			I H. De	TRET TOOL	Alli		
	18.	001		CAUSE	OF DEATH				ONSET AND	
	DISEA	SE OR CONDITIO								
		LEADING TO D	EATH	(A) Arter	iosclerot	ic Heart	Disease.			
	heort foilure,	(Ihis does not mean the mode of dying, e.g., DUE TO heart followe, ostherno, etc. It means the disease,								
	injury or cor	mplication which co	used deoth.)							
	4	NTECENDENT C	AHSES							
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO									
	RISE TO TH	E ABOVE CAUSE	A) STATING THE	502 10						
-	UNDERLYIF	NG CONDITION L	AST.	(C)						
ô				\ \( \( \) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					***************************************	
F	OTHER CIC	II NIFICANT CONDITI	ONE CONTRIBUTI	NC						
S		DEATH BUT NO								
분		R CONDITION CAL								
CERTIFICATION	19A. DATE OF		CONDITION FOR S PERFORMED	WHICH OPERATION	20 A. AUTOPSY	(? (Yes or No) 2	OB. IF YES, WERE FI	NDINGS C	ON SIDERED	
7		L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21 C. V	WHERE DID (IF	in Boltimore City, gi	ve exoct la	ocotion)	
MEDICAL		OR CONTRIB-	home etc.)	e, form, foctory, street, c	office bldg., INJUR	Y OCCUR?				
Σ	21D TIME	(Month) (Doy)	(Yeor) (Hour)	TE. INJURY OCCURRED	21 F. H	NULUI DID WO	Y OCCUR?			
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	EXAMIN				ASSOCIATE M				1/24/0	33
	NAME (	T \	rles S. Pe	etty, M.D.						
	BURIAL CRE	MATION, 238 DA		C. NAME OF CEMETERY	CREMATORY	23 D. LO	CATION (City	, town, or o	county)	(Stote)
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24/	DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNER	AL DIRECTOR	nklin	A	DDRESS	
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CERTIFICATE OF DEATH

2. DATE AND HOUR OF DEATH

(Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND

Harry Clark

January 26, 1965 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A, STATE
B. COUNTY

FULL NAME OF HOSPITAL OR INSTITUTION

(If not in hospital or institution, give street address or location)

Baltimore City Hosptials 4940 Eastern Avenue Baltimore, Maryland 21224 Maryland

C. CITY OR TOWN
Baltimore (If autside city limits, write RURAL and give tawnship

D. STREET ADDRESS (If rural, give location)

4940 Eastern Avenue #21224

S. SEX Male

White

7. MARRIED, NEVER MARRIED WIDOWED DIYORCED (specify) 8. DATE OF BIRTH 2-9-1886

17. INFORMANT

9. AGE (In years

If Under 1 Yr. Months: Days If Under 24 Hrs. Hours

10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) dane during most of warking life, even if retired)

6. RACE

15. Was Deceased Ever in U. S. Armed Farces?

None

Maryland

WHAT COUNTRY? U. S. A.

12. CITIZEN OF

13. FATHER'S NAME

Jacob Clark

14. MOTHER'S MAIDEN NAME Georgianna Hamilton

ADDRESS

No

(Yes, no or unknown) (If yes, give war ar dates of service) No

SECURITY NO. 219-01-1545

RECORDS: BCH: 4940 Eastern Avenue #21224

INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Generalized Arteriosclerosis Years (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Vascular Accident Years ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving Broncho-Pneumonia 1 Week rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Urinary Tract Infection

Years

19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) No

208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

(If in Baltimare City, give exact location)

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) etc.) (Month) (Day) (Year)

21 E. INJURY OCCURRED

21 F. HOW DID INJURY OCCUR?

MEDI OF INJURY (APPROX.)

Julius

While At Not While At Wark 22. I certify that (1) (this hospital) ottended the deceased from ...

September 20. January 26. ond that in (my) (our) opinion death occurred on the date

and hour and from the couses stated obave. (1) (We) (did) (did not) view the body ofter death.

23A. SIGNATURE

23C. PHYSICIAN'S

NAME (Type

Krevans

that (I) (we) lost sow the deceased alive on January 26.

Attending Phys.

23D. ADDRESS

Med. Director

23B, DATE SIGNED January 26, 1965

Md.

BURIAL CREMATION.

M.D. 24C. NAME of CEMETERY OF CREMATORY

4940 Eastern Avenue Baltimore, Maryland

REMOVAL (Specify)

Jan-28-1965 Parkwood Taylor Ave . Balto . Md .

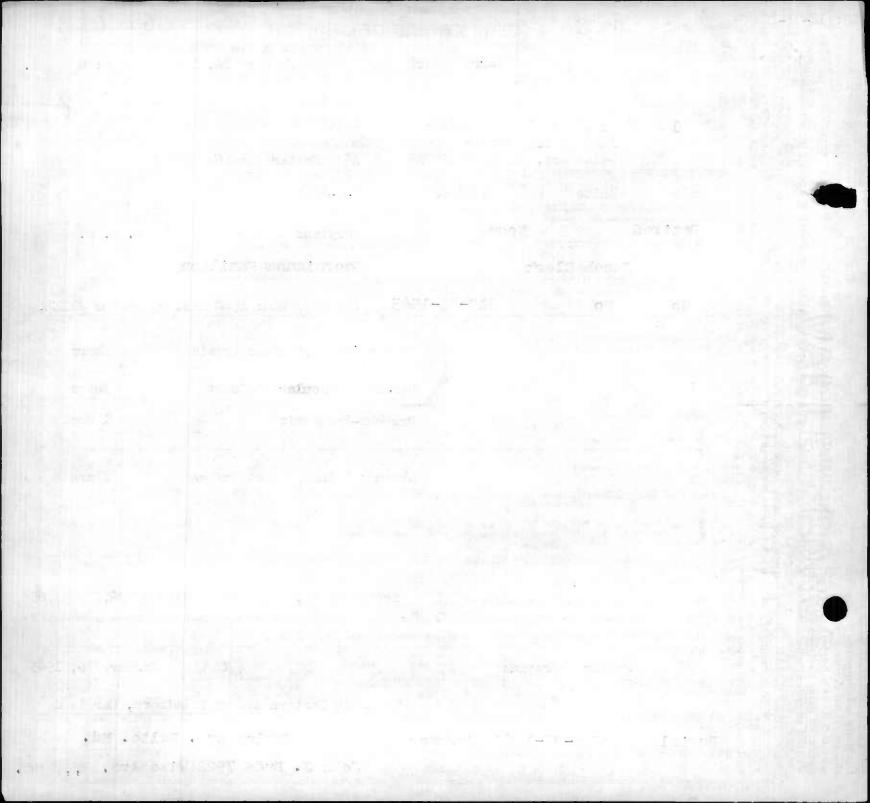
25B. NAME OF REGISTRAR

2SC. FUNERAL DIRECTOR John J. Duda 7922 Wise Ave. 22.

VS 150-REV, 1/1/65

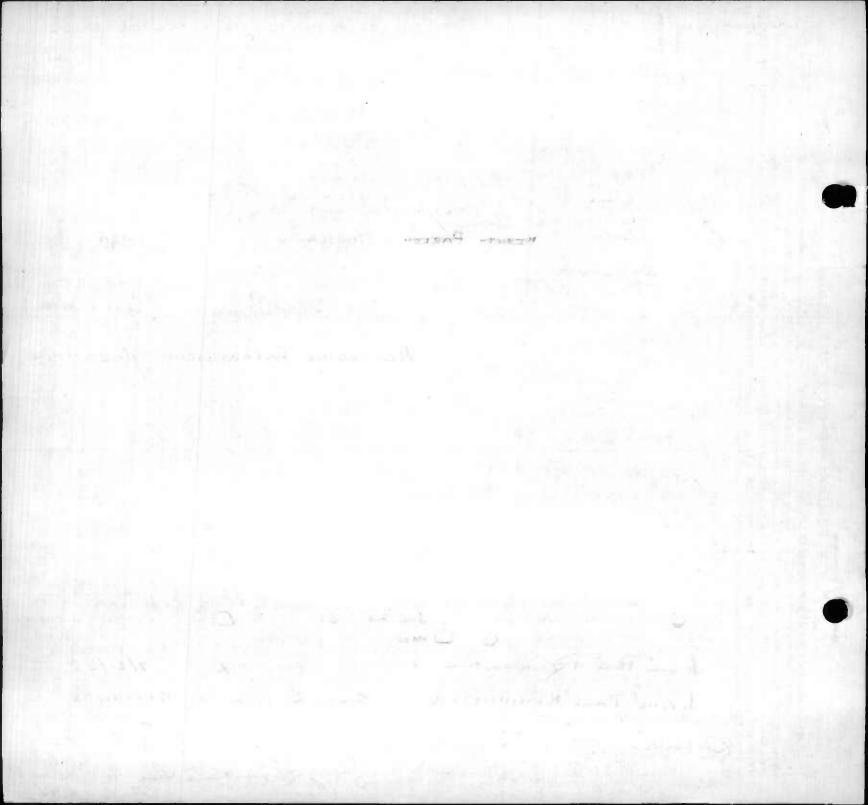
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IMPORTANT



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roved by the chief medical examiner or his assistant if death occurred in a hospital and he hospital by a medical examiner. Also, if the direct or contributing cause of death y nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased xcept where the physician who pronounced death was in regular attendance on the batained before the remains are embalmed or final disposition is made.	5. S	EX 6
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FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE F	INDINGS CONSIDERED
		IN CERTIFYING CAL	USES OF DEATH?
218 PLACE OF INITIRY In a	in or about 21 C. WHERE DID	(If in Baltimare	City, give exact location)
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etc.)			
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4C. NAME of CEMETERY OF CR	REMATORY 24D	LOCATION (Cit	ly, town, or county) (State)
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LOFF	JIING THE  OR WHICH OPERATION  21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  21 E. INJURY OCCURRED  While At Not Whom At Word  Not Whom At Word  A	DUE TO  the (C)  JTING THE  FOR WHICH OPERATION  20A. AUTOPSY? (Yes or 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?  21E. INJURY OCCURRED  While At Not While 21F. HOW DID I Work  At Work  At Work  At Work  At Work  AND. Attending Med. Director 123D. ADDRESS	DUE TO  ving the (C)  JTING THE  FOR WHICH OPERATION  20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE ! IN CERTIFYING CAI  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore home, form, foctory, street, office bidg., INJURY OCCUR?  21E. INJURY OCCURRED  While At Not While 21F. HOW DID INJURY OCCUR?  While At Not Work  At Work  Work  At



			BALTIMORE CIT	Y HEALTH DEPART	TMENT			
BIRTH NO. 6	5 0935		CERTIFICA	ATE OF DE	ATH	Registered Na	- 65	0935
M.E. CASE NO.			- Cartinio					000:)
1. NAME OF DECI		T3	9%	2		ND HOUR OF DEAT		
			Dugent		Jan	uary 22, 19	65	11.45 P.
B. PLACE OF DEA	TH IN BALTIMORE, MAI	RYLAND		4. USUAL RESIDE	B. COU	ere deceosed lived. If NTY	institution: resid	ence before odmiss
FULL NAME O	F (If not in hospital a	or institution.	give street	Max	rylan	d		5-06
HOSPITAL OR	address or lacation	)		C. CITY OR TOW	N (If o	utside city limits, write	RURAL and gi	ve township)
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						rural, give location)		
				353	33 Ro.	Land Avenue		
5. SEX	6. RACE		, NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	If Under 1	Yr., If Under 24
Female	White	WIDOWE	D, DIVORCED (specify)	Feb. 22,	1893	last birthdoyl	Months Do	ys Hours Mir
IOA. USUAL OCCU	JPATION (Give kind of work		F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (S	itate ar for	eign country)	12. CITIZEN	OF
	working life, even if retired)						WHAT	COUNTRY?
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13. FATHER'S NAM	A E			14. MOTHERS MA	AIDEN NA	AME		
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	Ever in U. S. Armed Fara (If yes, give war ar date:		1 6. SOCIAL SECURITY NO.	17. INFORMANT			At	DDRESS
	The year, give war ar care.	3 01 30111007		142 7)	17 0	2500	70 70 7	
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OR CONTRIBU	NT WAS UNDERLYING TING CAUSE OF medical examiner	21 ho etc	B. PLACE OF INJURY (e.g., me, form, factory, street, :.)	in ar about 21 C. WHI office bldg., INJURY	ERE DID OCCUR?	(If in Baltime	ore City, give e	xact lacation)
21D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Year)	w	E INJURY OCCURRED  hile At  Not What  Not Wark	nile 🗀	W DID IN	JURY OCCUR?		
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		ed abave	(1) (We) (did) (did nat)	view the body aft	er death.			
23A) SIGNATU	RE						23 B. DATE S	IGNED

SASIGNATURE	Tenne	M.D.	Attending Med. Phys. Director	Staff Phys.	
23°C. PHYSICIAN'S	- P		23D. ADDRESS		

Ci CEMETERY OF CREMATORY DATE

24D. LOCATION

(City, town, or county)

24A. BURIAL CREMATION, REMOVAL (Specify) Burial 26, Ridge Jan. 1965 Druid

Pikesville, Baltimore CO.,

JAN 27 196 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Funeral Home

3631 Falls Road

Md.

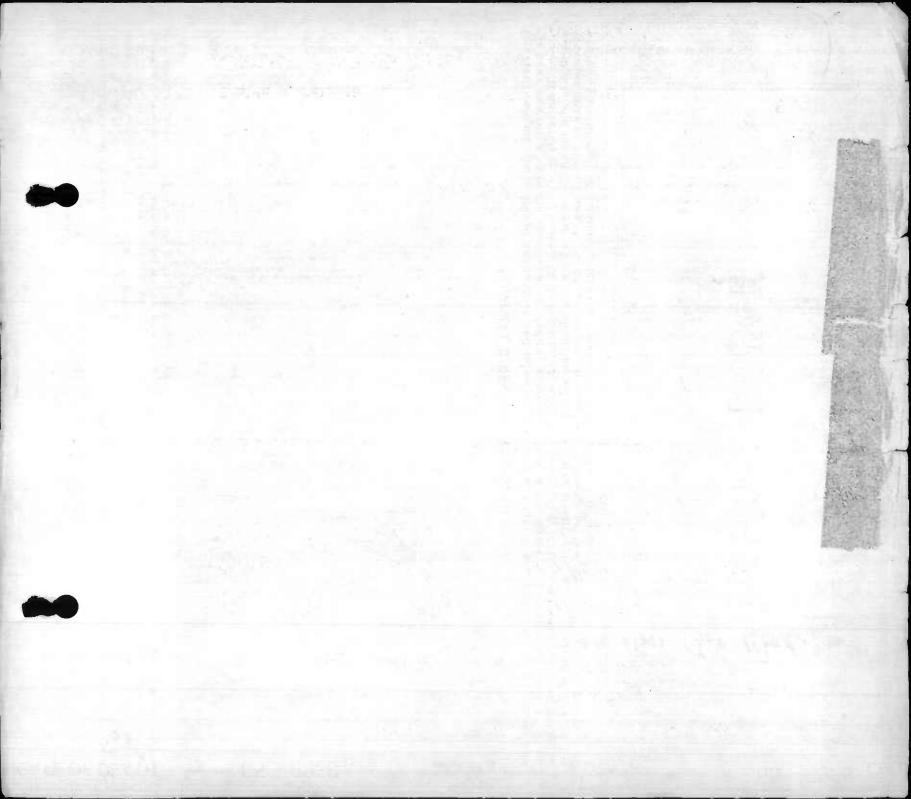
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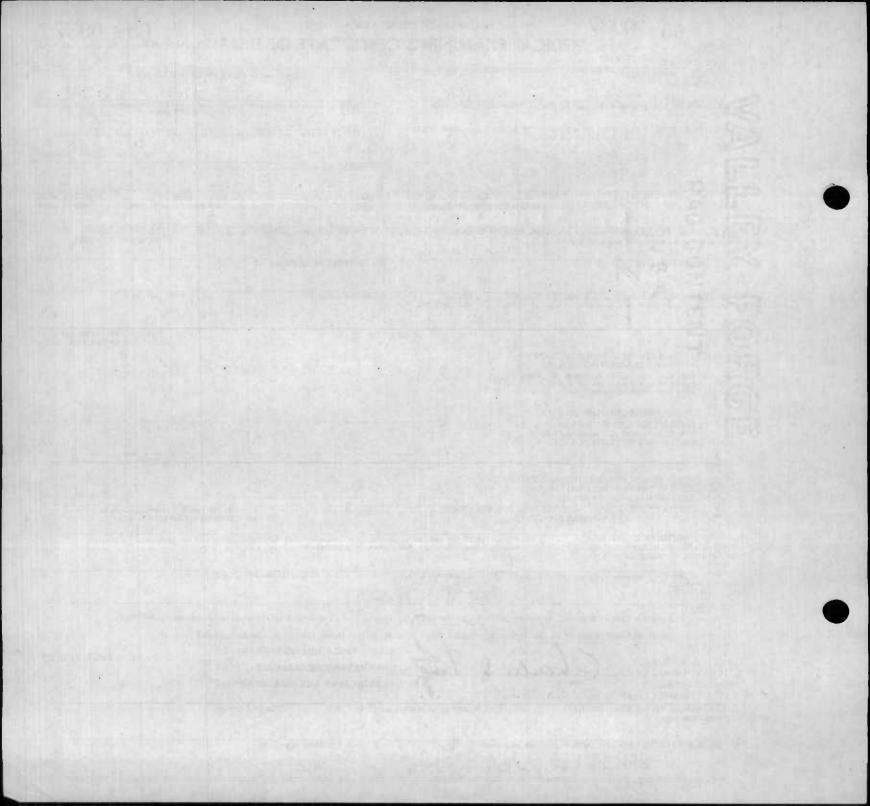
by the chief medical examiner or his assistant if deat

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

64-28982	BALTIMORE CITY HEALTH DEPARTMENT	- 0000
BIRTH NO. 65 0936	CERTIFICATE OF DEATH Registered No.	03:5
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Type or Print)	FORD 1-24-65.	12:15 H.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution	
S. FEACE OF DEATH IN BALLIMORE MARIEAND	A. STATE B. COUNTY	. lesidence beiole build'sion
FIRST MARKE OF the control of institution of	Max/.	7-15
FULL NAME OF (If not in hospital or institution, give HOSPITAL OR oddress or location)	ve sheet  C. CITY OR TOWN _ Ill outside city limits, write RURAL	7-1-3-
INSTITUTION	C. CITY OR TOWN IN SUISIDE CITY INTIIS, WHILE ROKAL	ona give township)
m Macata	La Columbia	
Mercy Hospita	O. STREET ADDRESS (Il rurol, give tocotion)	1
	2210 / Cam (1012 1/2)	nd ,
S. SEX 6. RACE // 2 7. MARRIED N	NEVER MARRIED B. DATE OF BIRTH , 9. AGE (In years If Un	do: 1 Ve 16 Hoder 24 Hes
	DIYORCED (specify)   Month	der 1 Yr. If Under 24 Hrs. s Doys Hours Min.
Mayo. July	nlam/ (20120-1964) 3	4
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF E		ITIZEN OF
done during most of working life, even if retired)	m	HAT COUNTRY?
Throng	( Wary Vand ( STUTOAN)	1161612
13. FATHERS NAME	14. MOTHERS MAIDEN NAME	777
1011 1 Co F. 10	Tolor Train	4.
TOINATION C. Y'AND	V. GERENE GRINTAGE	
15. Wos Deceased Ever in U. S. Armed Forces?	6. SOCIAL 17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	W 115 1
	Cenariles C. Told St. 22	10 Mens Carelland
18. 4 = 1 2	CAUSE OF DEATH	INTERVAL BETWEEN
DISTACT OF COMPLETON PLOTONIA		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1 in some of the stand	1 Arms
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(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It meons the disease,	DUE TO CILLUIC	Mark Pill
injury or complication which coused death.)		2 1 1 1 H
ANTECEDENT CAUSES	(B) Confinitor hyprocepative	unce price
ARTICLEDINI CAOSES	DUE TO respective whenings muels cele	·/
DISEASES OR CONDITIONS, if ony, giving		3 2 5
rise to the above cause (A) stating the	(C)	and the second s
UNDERLYING CONDITION lost.		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	HICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES O	S CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES O	F DEATH?
1/22/65 WAS PERFORMED  1/22/65 WAS PERFORMED  1/22/65 WAS PERFORMED  1/21A. ACCIDENT WAS UNDERLYING  1/21B. P	meningo cile 80.	
OR CONTRIBUTING CAUSE OF	PLACE OF MUURY (e.g., in or about 21 C. WHERE DID (If in Baltimore City, form, factory, street, office bldg., INJURY OCCUR?	give exact locohon)
d DEATH (notify medical examiner) etc.)		**************************************
0 210 7145 (A4-4) (B-1) (Y-1) (H-1) (H-1)	NJURY OCCURRED 21F, HOW DID INJURY OCCUR?	
U OF INJURY		
(APPROX.) While	Not While	NOTE THE REAL PROPERTY.
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22. I certify that (I) (this hospital) ottended the	deceosed from 19 10 10	2 4 19 6
that (I) (we) last sow the deceased alive on	And 2 4 19 6 ond that in (my) (our) opinion do	oth occurred on the dote
		102745
and hour and from the couses stated above. (1)	process of the contract of the	32/3/23
23A. SIGNATURE	23 R. D	ATE SIGNED
	200	1 / 1
melde D. Asland	M.D. Attending Med. Stoff	124/65
puella P. Jalani	M.D. Allending Med. Stoff Phys. Oirector Phys.	1/24/65
mella P. Salani 23C. PHYSICIAN'S NAME (Type)	M.D. Attending Med. Stoff	1/24/65
23C.PHYSICIAN'S NAME (Type)	M.D. Allending Med. Stoff Phys. Oirector Phys.	Bully Med HA
23C.PHYSICIANS NAME (Type)  Tmelda R Salanio	M.D. Allending Med. Stoff Phys. Stoff Oirector Phys. Stoff Phys. M.D. Phys. Desputs	Bulty Med six
23C.PHYSICIANS NAME (Type)  Tmelda R Salanio	M.D. Allending Med. Stoff Phys. Stoff Oirector Phys. Stoff Phys. M.D. Phys. Desputs	Bulty Med six
23C. PHYSICIAN'S NAME (Type)  Tmelda B Salanio  24A. BURIAL CREMATION, 248. DATE  24Q. NAM	M.D. Allending Med. Stoff Phys. Stoff Oirector Phys. Stoff Phys. M.D. Phys. Desputs	Bulty Med 412 Gor county) (State)
23C. PHYSICIAN'S NAME (Type)  Thelda B Salanio  24A. BURIAL CREMATION, 24B. DATE  24G. NAN REMOVAL (Specify)  24G. NAN 27-1920  ACC. NAN REMOVAL (Specify)	M.D. Allending Med. Stoff Phys. 23D. ADDRESS M.D. Medicine Phys. 23D. ADDRESS M.D. Medicine Phys. 24D. Location (City, 10wr) ME of CEMETERY of CREMATORY (24D. LOCATION)  AREGISTRARY  [25C-FUNERAL DIRECTOR	Bulty 1/65 Bulty 1/4 L 1/4  yor county) (State)  ADDRESS ADDRESS
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65 erth No.	0937	BALTIMORE CITY HE	CERTIFICATE OF DEATH Registe	65 0937
M.E. CASE NO.	59345	ICAL EXAMINER O	CERTIFICATE OF DEATH ASSAULT	
. NAME OF D	ECEASED	7.7 E-114 - 12-134 E-17.7 C	2. DATE AND HOUR PRONOUNCE	ED DEAD
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EVERETT	R. APPELBY	January 22, 1965	9:25 P. M.
PLACE IN BA	LTIMORE, MARYLAND, V	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If ins.	litution: residence before odmission)
ULL NAME OF	(IF NOT IN HOSPI)	AL OR INSTITUTION, GIVE STREET	Maryland	
OSPITAL OR	ADDRESS OR LOC	ATION)	C. CITY OR TOWN (If outside corporate limits, write	RURAL ond give township)
			Baltimore	10-06
Uni	on Memorial H	ospital	D. STREET ADDRESS (If jurol, give location)	
130			518 W. 33rd Street	
. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specily)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. It Under 24 Hrs. Months, Doys, Hours, Min.
Male	White	NEVER MARRIED		20,5 110013
			TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
ne during most o	f working life, even if retired)	POOLE CORP.	MO.	WHAT COUNTRY?
FATHER'S NA	ME		14. MOTHER'S MAIDEN NAME	
WA	LTER W		?	
	SED EVER IN U.S. ARME		17. INFORMANT	ADDRESS
	(If yes, give wor or dot	es of service) SECURITY NO.		
NO		212-18-726	O FLORANCE M. BERRY	
1B.	0 1	CAU	SE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
UNDERLY	HE ABOVE CAUSE (A) SING CONDITION LAST.	(C)		
TO THE	GNIFICANT CONDITIONS DEATH BUT NOT RI OR CONDITION CAUSIN	ELATED TO THE		
19A. DATE C		NDITION FOR WHICH OPERATION RFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FIN CERTIFYING CAU	
UNDERLYING	AL CAUSE WAS GOR CONTRIB- USE OF DEATH.	21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	p, in or obout 21C. WHERE DID (If in Boltimore City, g office bldg., INJURY OCCUR?	ve exoct location)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Ye	WHILE AT TO NO	T WHILE WORK	
22.				
			Autapsy and that an this basis, death in	
res	ulted from: Natural co	Accident Juic	Ide Undetermined mann	er
ACTI			CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNA		acles S. / Elly - M.	D. ASSISTANT MEDICAL EXAMINER	
EXAM	NED'S		ASSOCIATE MEDICAL EXAMINER	1/23/65
		es S. Petty, M.D.		
BA. BURIAL CE EMOVAL (Spec		23C. NAME OF CEMETER	or CREMATORY 23D. LOCATION (City	, town, or county) (State)
BILRI		165 ST, MANY	'S HAMPDEN	
	D BY HEALTH DEPT.	24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
	IAN 27 1965	Robert E. Farley M.	A Paul E Cheroweth and	1
	ארוו או ויוויף	house c' gama'.	Vant L. Cherewell 3	17 Chartre A.



BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH Such of death Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) LO hospital Valentine, Thomas January 22, 1965 10:30p M

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

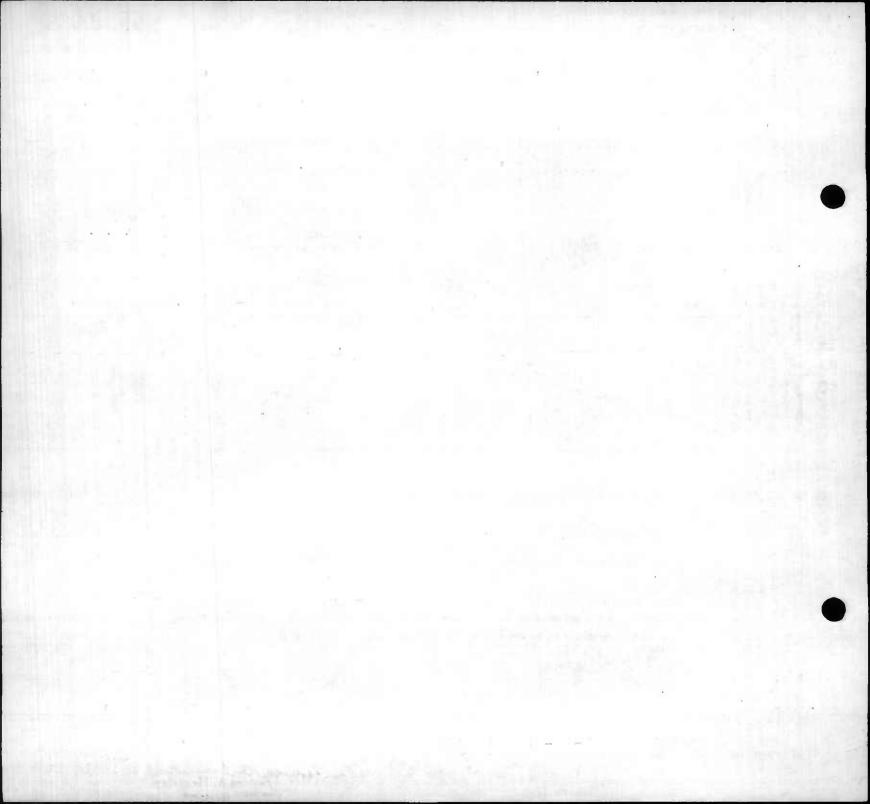
B. COUNTY death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND attendance Maryland cause FULL NAME OF (If not in hospital at institution, give street HOSPITAL OR address or location) C. CITY OR TOWN (If autside city limits, write RURAL and give cause; INSTITUTION Provident Hospital Baltimore
D. STREET ADDRESS 1514 Division Street prior (Il turol, give location) contributing Baltimore 17, Haryland W. Preston Street Undetermined is made. regular 7. MARRIED, NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. Manths! Days Hours Min. 8. DATE OF BIRTH 9. AGE (In years 5. SEX 6. RACE deceased WIDOWED, DIVORCED (specily) lost birthday) Negro Widowed Male 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) U.S.A. Maryland None Was 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME O the direct 4 John Valentine Maggie Simms IMPORTANT assistant On death kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL final SECURITY NO Robert Preston - 586 W. Preston St. attendan any pronounced CAUSE OF DEATH INTERVAL BETWEEN 6 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY so, balmed LEADING TO DEATH Coronary Heart Disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DIRECTOR: regular injury or complication which caused death.) (B) Aortic Aneurysm E ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, giving (F) rise to the above couse (A) stating the physician UNDERLYING CONDITION lost. the remains chief medical Was medical FUNERAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. (2) Body ERTIFIC/ 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 0 WAS PERFORMED before Ü 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DtD home, larm, lactory, street, alfice bldg., INJURY OCCUR? (If in Baltimare City, give exact lacotion) where OR CONTRIBUTING CAUSE OF hospital ° DEATH (notify medical examined nature; MEDIC obtained (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While While At (APPROX.) At Work and Work any 1-22-1-22-22. I certify that (1) (this haspital) ottended the deceased from 19 pe that (1) (we) lost sow the deceased alive on.... of 3 hospital eat and hour and from the causes stated above. (!) (We) (did) (did not) view the body after death. he body was released must accident 23A. SIGNATURE 23B. DATE SIGNED O Stoll Attending Med. M.D. 40 Phy s. Phy s. 30 1-23-65 Director approval 0 prior 23C. PHYSICIAN'S 23D. ADDRESS to NAME (Type) An Mohammed Ahmed D.O.A.

eceased

shows:

written

1-22-65-1-22-65 ond that in (my) (our) opinion death occurred on the date 1514 Division Street-Baltimore, Maryland 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Baltimore. Md 1-27-65 Mt Auburn Cem 258. NAME OF REGISTRAN DRUMA 578 PORESS 5C. FUNERAL DIRECTO Biddle St VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT	40
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also if the direct or contributing cause of death	buting cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	ned cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the 6	lar attendance on the 6
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	d prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.	ade.

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ler 1 Yr. If Under 24 Hrs. Doys Hours Min.
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or county) (State)
TCNNI ADDRESS 28 Md

F. F. Co. E. 1 - 1 (18 1 Apr. 7) El man IT. M. Ed. . El man ITEM El T. M. Ed. . El man ITEM El T. M. Ed. . .-. 7 --- 52377 -- 27 ELLEC INC. T. LUCE PO CERSON IN AUTOMOS CONTROL OF THE

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

M.E. CASE NO
1. NAME OF DECEASED
(Tuno as Pont)

BIRTH NO.

3. PI

HOSPITAL OR

INSTITUTION

Callahan, Irene M.

2, DATE AND HOUR OF DEATH Jan. 23, 1965

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if death occurred in a hospital and	rect or contributing cause of death	(4) Undetermined cause; (5) Deceased	was in regular attendance on the	the deceased prior to death. Such	
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1 100	4	wh	>	=	
		A.		-	-

ACE	OF DEATH	IN BALTIMORE, MARYLAND	
JLL NA	AME OF	(If not in haspital or institution, give	street

Maryland C. CITY OR TOWN

(If autside city limits, write RURAL and give township)

St. Joseph Hospital

Baltimore #6 D. STREET ADDRESS (Il rurol, give location)

7002 Willadolo Am

Female White Widow Widow			TOOL WILLOWALD RVO				
			B. DATE OF BIRTH 9-29-83	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
done during most o	CUPATION (Give kind of wo of working lite, even if retired) al Secte	Retired	New Haven,		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
	John Mulle	c	Mary N.	O'Keefe			
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknawn)(If yes, give war at dotes of service)  16. SOCIAL SECURITY NO.			17. INFORMANT	F1915	ADDRESS		

No		None	Justin M. Callahan 7002 Wil	llow Avenue
(This d	ISEASE OR CONDITION DIRECTLY LEADING TO DEATH oes not meen the mode of dying, e.g.,		Cerebral Thrombosis, left	INTERVAL BETWEEN ONSET AND DEATH
	ilure, asthenia, etc. It means the disease, or complication which caused death,)  ANTECEDENT CAUSES	(B)		

DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION last.

CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19 A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No!

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact lacation)

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, affice bldg., INJURY OCCUR? DEATH (natify medical examiner) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

MEDICAL OF INJURY While At Not While (APPROX.)

22. I certify that (I) (this haspital) attended the deceased from Dec. 31, 19 64 to Jan. 23. that (f) (we) lost saw the deceased alive on Jane 23. 

and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.

23A. SIGNATURE				•			238, DATE SIGNED
Roseom	D.	Rusen	M.D.	Attending Phys.	Med. Director	Stoff Phys.	1-23-6:
23C. PHYSICIAN'S				23D. ADDRES	SS		

23D. ADDRESS

1400 N. Caroline St., 21213

24C. NAME of CEMETERY of CREMATORY 24D. LOCATION

New Haven

(City, tawn, as county)

Rostom D. Rivera

25C. NUNERAL DIRECTOR

Conn.

VS 150-REV. 1/1/65

NAME (Typel

REMOVAL (Specify)

24A. BURIAL CREMATION, 24B. DATE

FUNERAL DIRECTOR:

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to the hospital

the body was released

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where

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An accident

shows:

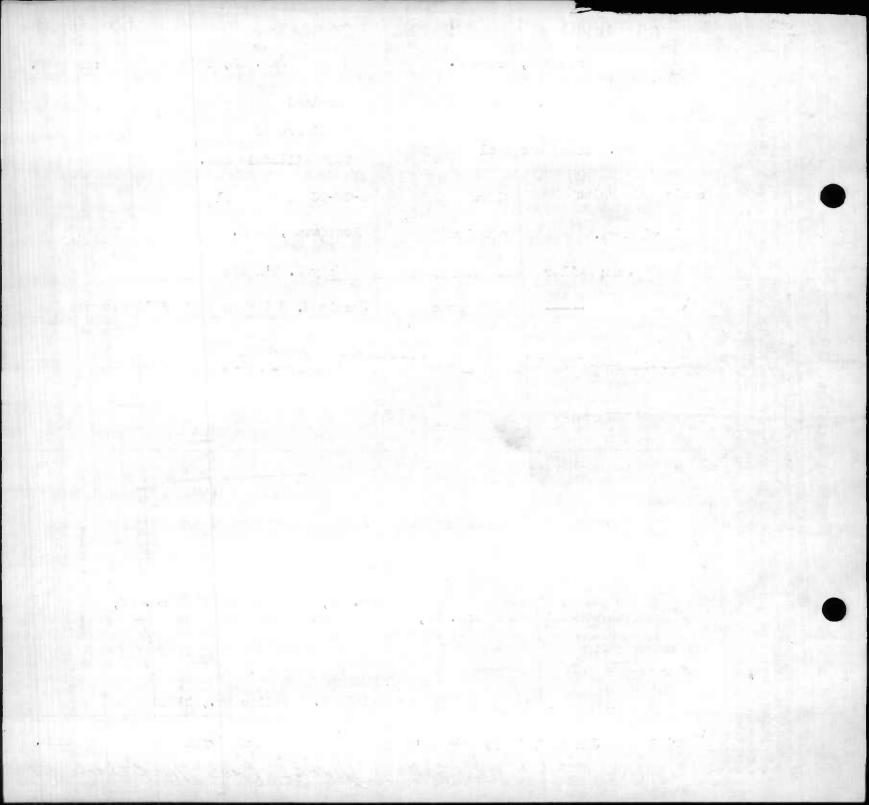
death);

prior to

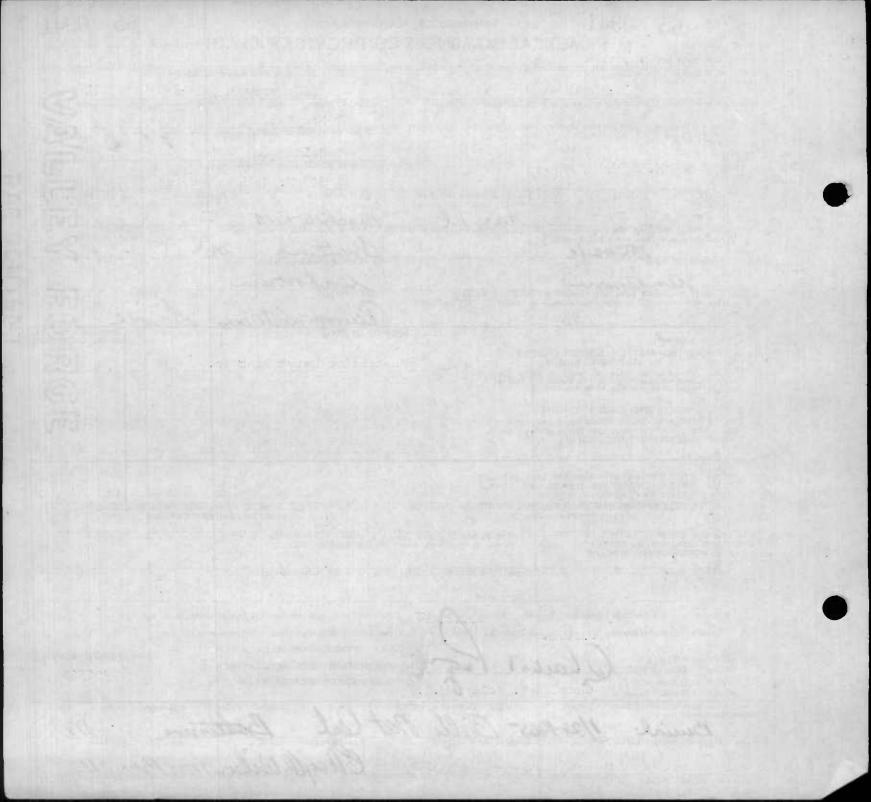
eceased

written approval

IMPORTANT



II Under 1 Yr. II Under 24 Hrs. INTERVAL BETWEEN ONSET AND DEATH MEDICAL UTING CAUSE OF DEATH. 21 D TIME 21 E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? (Month) (Dov) (Year) (Hour) OF INJURY NOT WHILE (APPROX.) WHILE AT m. WORK 22. Inspection X Autopsy I certify that I held an Inquiry and that an this basis, death in my apinion Hamicide resulted fram: Natural causes X Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 1/24/65 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Charles S. Petty / M.D. NAME (Type) 23A. BURIAL CREMATION. 23B. DATE 23C. NAME of CEMETERY OF CREMATORY 23D. LOCATION (State) (City, town, or county) REMOVAL (Specify) 24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR ADDRESS 24C. FUNERAL DIRECTOR VS 151-REV. 1/1/65



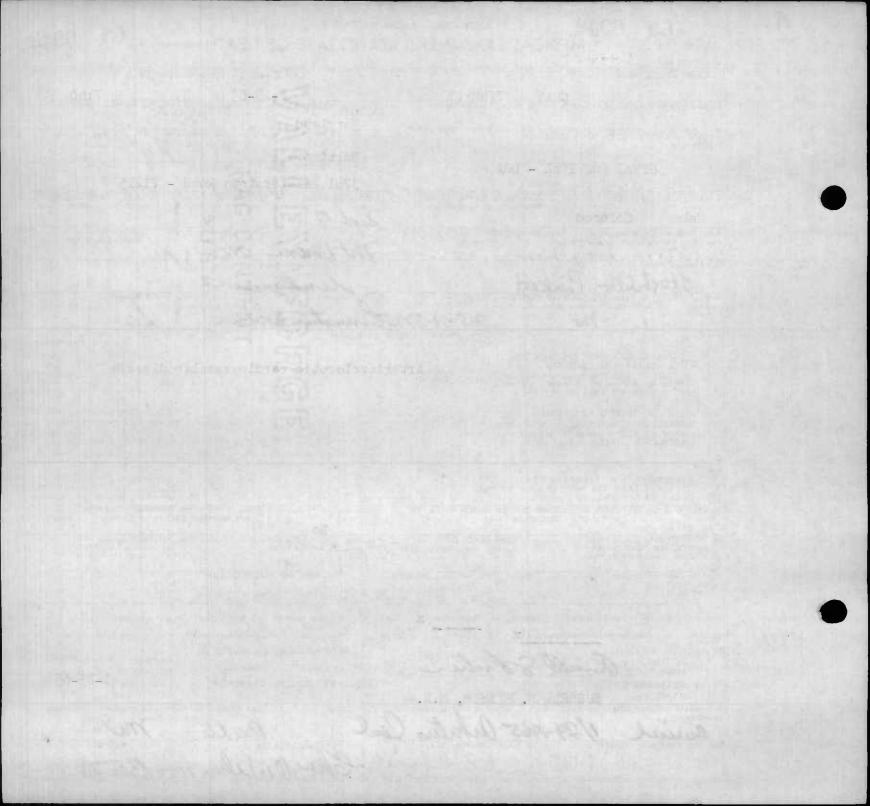
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BALTIMORE CITY H	EALTH DEPARTMENT			
EXAMINER'S	CERTIFICATE	OF DE	ATH Register	ed No

	65	11942	BALTIMORE CITY HEA				65 00	0.1
	H NO.	MED	ICAL EXAMINER'S C	CERTIFICAT	TE OF DE	ATH Registe	ered No.	The same of the sa
_	AME OF DEC	CEASED			2. DATE AND H	OUR PRONOUNC	ED DEAD	=
	e or Print)	CT. A	Y PINKETT		1-24-6			Μ.
3. P	LACE IN BALT		HERE PRONOUNCED DEAD	4. USUAL RESID			titution: residence before admis	
FUIL	L NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	Maryla	nd			
HO	SPITAL OR	ADDRESS OR LOCA	(TION)	C. CITY OR TO	WN (If autside ca	parate limits, write	RURAL and give tawnship)	
	6.	TWAT HOODERAL	TO A	Baltim	RESS (If rural, give	(leaster)	3-10	
	Q.	INAI HOSPITAI	- DOA		eistersto		21215	
5. S	EX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRT	H	9. AGE (In years	If Under 1 Yr. If Under 24	Hrs.
	Male	Colored	WIDOWED, DIVORCED (specify)	Soul 17		last birthday)	Manths Days Haurs M	ın.
		UPATION (Give kind of world	TOB. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE	(State or foreign co		12- CITIZEN OF WHAT COUNTRY?	
dani	10-4	warking life, even if retired)	reman	mt-11e	rone )	nel	WHAI COUNIKI:	
13. 1	ATHERS NAM	AE D	1.01	14. MOTHER'S M	AIDEN NAME			
	Stuck	helte Tint	cett	lus	nomon	er .		
		D EVER IN U.S. ARMED		17. INFORMANT	1		ADDRESS	
		no.	715-09-3275	Ermiste	ue Jetus	un	Same	
	18.	21	CAUS	E OF DEATH			INTERVAL BETWE	
Н	DISEAS	SE OR CONDITION DI						
	(This does n	LEADING TO DEATH not mean the made of , asthenia, etc. It means	(A) A FLE	riosclerot	ic cardio	vascular	disease	
	injury or cor	, asthenia, etc. It means mplication which caused	death.)					
	Δ	ANTECENDENT CAUSE	is					
Н	DISEASES	OR CONDITIONS, IF A	NY, GIVING DUE TO					
-	UNDERLYIN	NG CONDITION LAST.	(6)					
0		II.	( 9/2000000000000000000000000000000000000					
CAI		NIFICANT CONDITIONS						
TIF		DEATH BUT NOT RE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
CERTIFICATION	19A. DATE OF	OPERATION 19B. CON WAS PER	FORMED	20A. AUTOPSY		IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?	
AL	21 A. EXTERNA	L CAUSE WAS	21B. PLACE OF INJURY (e.g.	in at about 21C V		Baltimore City of	ive exact location)	
EDIC,	UNDERLYING	OR CONTRIB-	hame, farm, factory, street,	affice bldg., INJUR	Y OCCUR?			
ME	21D TIME	(Manth) (Day) (Yea	Haur) 21E. INJURY OCCURRED	21 F. H	OW DID INJURY	OCCUR?		
	OF INJURY (APPROX.)	(110,000)	WHILE AT   NOT	WHILE				
	22.			WORK L				_
		tify that I held an 1			d that on this be			
	resul	ted from: Natural co	uses X Accident Suici			etermined mann	er	
	ACTUAL	L P DI	2 Ct.l.		EDICAL EXAM		DATE SIGNE	D
	SIGNAT		80 miles M.I		EDICAL EXAM		1-25-65	
	NAME (		S. FISHER, M.D.	ASSOCIATE M	MEDICAL EXAM	INEK		
	BURIAL CRE	MATION, 23B. DATE	23C. NAME OF CEMETERY	OF CREMATORY	23D. LOCA	TION (City,	, tawn, ar county) (State	
	Burne	l 1/29-	1965 artutus (	en	B	ilto	me	
24A	DATE REC'D	BY HEALTH DEPT.	24B. NAME OF REGISTRAR	24C. FUNER	AL DIRECTOR .	1	ADDRESS	
		JAN 27 1965	Robert E. Farkey M.	a Chy	ouppill	Son 100	J Bernton a	

VS 151-REV. 1/1/65



a hospital and

Ξ.

	AME OF DECEASED NETTLES	ROBERT (NMI)	2. DATE AND HOUR OF DEAT 1/24/65	2:5
3. P	LACE OF DEATH IN BALTIMORE, M	ARYLAND	4. USUAL RESIDENCE (Where deceased lived. If A. STATE B. CDUNTY MARYLAND	institution: residence be
Н	FULL NAME DF (If not in hospito oddress or locoti NSTITUTION	or institution, give street	C. CITY OR TOWN (If outside city limits, writ	
."	VETERANS ADMINISTRA		D. STREET ADDRESS (If rural, give location)	
	3900 LOCH RAVEN BLUBALTIMORE, MARYLANI		1306 N. CAREY ST.	
M/	EX 6. RACE ALE NEGROID	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 70	If Under 1 Yr. If Months Doys Ho
done	USUAL OCCUPATION (Give kind of wo during most of working life, even if retired)	ork 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNT
	ORTER (RETIRED) FATHERS NAME	WAVERLY PRESS	TRENTON, TENN.	U.S.A.
	ABA NETTLES		EMMA WEBB	
S. V	Was Deceased Ever in U. S. Armed Formation or unknown) (If yes, give war or do	orces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	YES 10-29-17 TO		V.A.HOSPITAL, BALTIMORE,	MD. 21218
	18.		DF DEATH	INTERVAL ONSET A
	DISEASE OR CONDITION D		BRONCHO PNEUMONIA	2 weel
	(This does not mean the mode of heart failure, asthenia, etc. 11 mean	of dying, e.g., DUE TO		C NCC
	injury or camplication which cause	d death.)	IFFUSE PULMONARY EMPHYSEMA	
	ANTECEDENT CAUSE	DUE TO	Various various in a minimum in a minim	k 1000 no 000 000 me allus casa a no 6 anni a anni
	DISEASES OR CONDITIONS, if rise to the obave cause (A UNDERLYING CONDITION lost.	) slaling the (C)		
ATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING		HORAX, LEFT IITH EMPHYSEMA, RIGHT SCLEROTIC CARDIOVASCULAR D	2 mor 2 we
	19A. DATE OF OPERATION 19B. CO	NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER IN CERTIFYING CYLES	E FINDINGS CONSIDE
U	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218, PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in Boltim ffice bldg., INJURY OCCUR?	ore City, give exact lo
ā	21 D. TIME (Month) (Doy) (Year		21F. HOW DID INJURY OCCUR?	
<	(APPRDX.)	While At Work Not Wh		
		all attended the decreed the A	UGUST 4 1964 to JAN	UARY 24
	22. I certify that 1) (this hospite			
	that M (we) lost saw the decease	sed olive on JANUARY 24	19 65 ond that in 000 (our) o	pinian death occur
	that M (we) lost saw the decease		19 65 ond that in 000 (our) o	
	that M (we) lost saw the decear and haur and from the causes st 23A. SIGNATURE	gred obave. (X (We) did) XXXXX)	19.65 ond that in 0.50 (our) a	23B. DATE SIGNED
	that M (we) lost saw the decear and haur and from the causes st 23A. SIGNATURE  (LLASTAGE) 23C.PHYSICIAN'S NAME (Type)	gred obave. (X (We) did) XXXXX)	19 65 ond that in 050 (our) a view the body ofter death.	23B. DATE SIGNED
	that M (we) lost saw the decear and haur and from the causes st 23A. SIGNATURE  LUCASTAGE  23C. PHYSICIAN'S NAME (Type)  ANASTACIO HOYUMPA,	gred obave. (X (We) Aid) XXXX)  M.D. At M.D. M.D.	19 65 ond that in OEO (our) of view the body ofter death.  tending Med. Director Phys. X  23D. ADDRESS V.A.+HOSPITAL  3900 LOCH RAVEN BLVD.BAI	238. DATE SIGNED 1/25/65
	that M (we) lost saw the decear and haur and from the causes st 23A. SIGNATURE  (LLASTAGE) 23C.PHYSICIAN'S NAME (Type)	gred obave. (X (We) did) XXXX)  /// / / / / / / / / / / / / / / / / /	19 65 ond that in OEO (our) of view the body ofter death.  tending Med. Director Phys. X  23D. ADDRESS V.A.+HOSPITAL  3900 LOCH RAVEN BLVD.BAI	238. DATE SIGNED

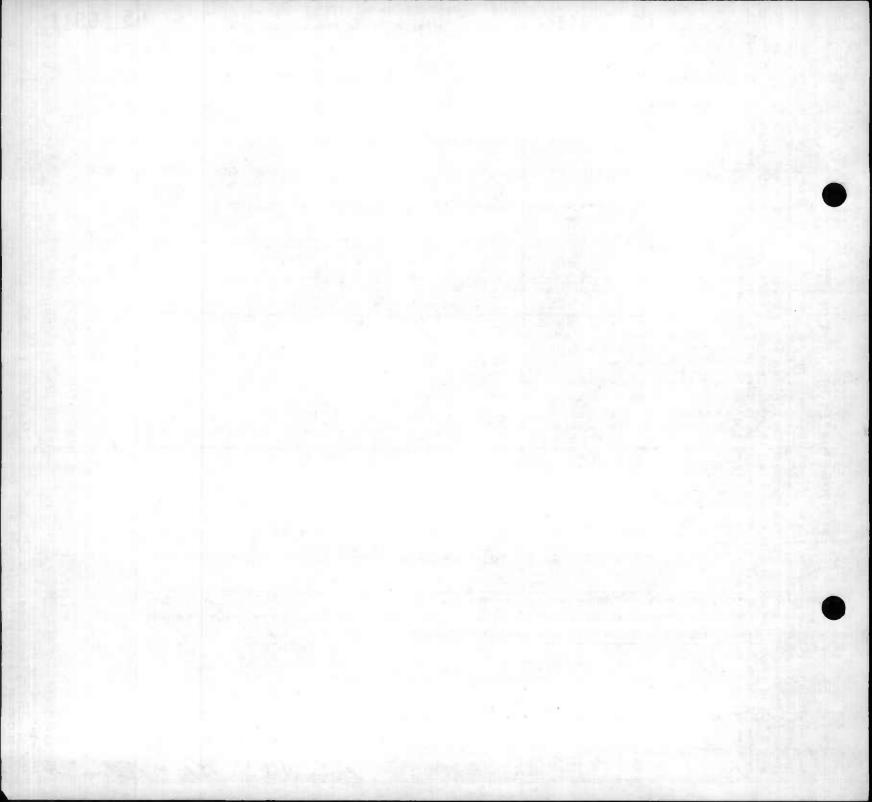
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## FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital leavent where the characteristic cause is a present and a property of the cause of the characteristic cause is a property of the cause of the characteristic cause is a property of the cause o

		- 0044		BALTIMORE CIT	Y HEALTH DEPARTMENT		CE	0044
	H NO.	5 0944		CERTIFICA	ATE OF DEATH	Registered No.	65	U944
1. N. (Typ	AME OF DECE	Blackwel	1. Wu	llam A.	2. DATE A	ND HOUR OF DEATH		12 Acopul
F	ULL NAME OF	(If not in hospital	or institution, g	jive street	A. STATE B. COU	Balty	Mare	
	Iniver:	sity of Mo	ryland	Hospital	Baltimore	17, Irurol, give locotion)	KUKAL ONG GIVE	14-03
		more 1,	Md.		2206 €	Hing Str	ect.	A Emiles
5. \$	ex M	Negro	7. MARRIED, WIDDWED	NEVER MARRIED , DIVORCED (specify)	1-21-06	9. AGE (In years lost birthdoy)	If Under 1 Ye Months Doys	r. If Under 24 Hrs. Hours Min.
		orking life, even if retired)	k 108, KIND OF	BUSINESS OR INDUSTR	Mary lane	,	12. CITIZEN C	OF OUNTRY?
13. [	ATHERS NAM	PLI	00		14. MOTHER'S MAIDEN NA	ME		274 -
15. V (Yes	Mos Deceased I	ver in U. S. Armed Fo lif yes, give wor or dat	rces? es of service)	16. SOCIAL SECURITY NO. 2/6-07-7/9/	17. INFORMANT	Day.	ADI	ORESS
	18.	- 1			HOSP. Mecor	α	INTE	RVAL BETWEEN
	7 60 6	OR CONDITION DI	RECTLY				ONSI	ET AND DEATH
		EADING TO DEATH		(A) Me	tastatic Carcii	roma Colon	. /5	months.
	heort failure, a	t mean the made of sthenia, etc. It means	s the disease,	DUE TO				
		lication which caused NTECEDENT CAUSE:		(B)				
		CONDITIONS, if		DUE TO	**************************************	ம் பிரியியி கோய் பிடிப்பு வடையை வடிப்படிய வரு வகு நடிபு நடிபு வடையை வசு ஓ ஓ இ		00 000 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	rise lo lhe	abave cause (A) CONDITION last.		(C)	000000000000000000000000000000000000000			
ATION	TO THE DE.	CANT CONDITIONS ( ATH BUT NOT REL ONDITION CAUSING	ATED TO THE		Myseardial	Interct.		
CERTIFIC	71-6-6	3 Secon	REPORMED RES	ection Colon	20/A. AUTOPSY? (Yes or N	10) 208 IF YES, WERE		NSIDERED H?
CAL	OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF	218,	PLACE OF INJURY le.g., e, form, foctory, street,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimor	re City, give exo	oct locotion)
N N	21D. TIME OF INJURY (APPROX.)	Month) (Day) (Year)		INJURY OCCURRED  Ie Al  Not Whi At Work	21F. HOW DID IN	JURY OCCUR?	100	N. Park
	22. I certify t	hat (1) (this hospita	l) ottended th	e deceosed from	1-22	19 65 to	1-25	19.65
		ast saw the deceas			19 65 ond t		inion deoth oc	curred on the dote
1 1	23A. SIGNATUR		iled opove. (I	(ala not)	view the body ofter death.		23B, DATE SIC	ONED
	Ron	10 10 1	La excla.		tending Med.	Stoff Phys.	1-26	
	23C. PHYSICIAN	rs pel	rigais	2.11.00	23D. ADDRESS		1 23	-60
		RONALD D.						
24A	REMOVAL (Sp	ATION, 24B. DATE	24C. NA	ME of CEMETERY OF CE	REMATORY 24D.	LOCATION	ity, town, or cou	unty) (Stote)
25A	DATE REC'D	1-29-	65 M	FAEGISTAR TO	Com. A.	NNE Arun	A	O. Med.
	J	AN 27 1965	Hobert	E. Jankey M. A.	Seone A. K.	lan 1348.	H. Calho	un St.
VS 1	150-REV. 1/1/65				3			



Undetermined cause; (5) Deceased contributing cause deceased prior to death); and (6) No physician was in regular attendance on the deceased pr written approval must be obtained before the remains are embalmed or final disposition is made. regular or his assistant if IMPORTANT Also, FUNERAL DIRECTOR: certificate must be approved by the chief medical examiner the body was released to the hospital by any nature; An accident of hospital at

was D.O.A. shows: (1)

BIRTH NO.

(Type or Print)

23A. SIGNATURE

23C. PHYSICIAN'S NAME (Type)

24A. BURIAL CREMATION, REMOVAL (Specify)

Burial

VS 150-REV, 1/1/65

the Such

0

attendance

death.

0

prior

and of death

a hospital

BALTIMORE CITY HEALTH DEPARTMENT Registered No.. CERTIFICATE OF DEATH M.E. CASE NO. January 25, 1965 I, NAME OF DECEASED ANNA DOMNENKO 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY Maryland FULL NAME OF HOSPITAL OR INSTITUTION (If not in haspital ar institution, give street address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore 2326 E. Fairmount Avenue D. STREET ADDRESS (If rural, give location)

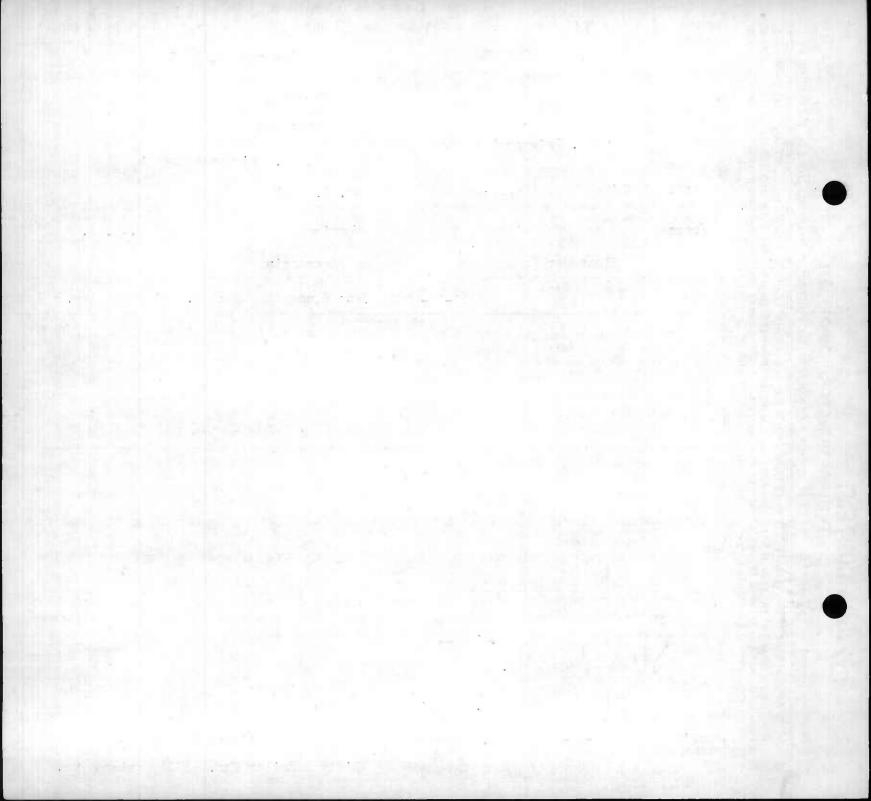
			22 /1204110	***************************************	2326 E. 1	Fairmount Ave	enue	
S. 5	emale	White		, NEVER MARRIED D, DIVORCED (specily) ied	8. DATE OF BIRTH Aug. 1, 1902	9. AGE (In years lost birthday) 62	If Under 1 Yr. If Under 24 Months Days Haurs Mi	
		UPATION (Give kind of work warking lile, even if retired)	Tailor		11. BIRTHPLACE (State or for Ukraine	eign country)	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	AME		
2		Alexander	Czhech		Anastasia			
		Ever in U. S. Armed For (If yes, give wor or date		16. SOCIAL SECURITY NO. 213-34-4942	Twan Domnenko	2326 E. F	airmount Ave.	
	(This does in heart failure, injury ar car DISEASES (rise to the	SE OR CONDITION DIS LEADING TO DEATH not mean the made all asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION lost,	dying, e.g., Ihe disease, death.)	(B)	espirat avainon	natosis	INTERVAL BETWEEN ONSET AND DEATH	
ATION	TO THE D	IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO TH					
ERTIFIC	OD U	7-64 WAS PER	PETCES	tabil (9	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?	
CALC	OR CONTRIBI	NT WAS UNDERLYING DITING CAUSE OF medical examiner		ne, form, factory, street, al	n or about 21 C. WHERE DID lifice bldg., INJURY OCCUR?	(II in Baltimare	City, give exact location)	
EDI	21 D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
Z	(APPROX)		Wh	ile At Not While				
		that (I) (this hospital		_	19 04 and +	1965 to Ten	u 25 19 64	dot
	and haur an	d from the causes stat	ed above. (	I) (We) (did) (did not) v	iew the bady after death.			

Attending Phys.

23D. ADDRESS 24C. NAME of CEMETERY of CREMATORY 1-30-1965 St. Baltimore County, Maryland Andrews 25B. NAME OF ADDRESS 2SC. FUNERAL DIRECTOR Zeiler Inc. 1901 Eastern Ave.

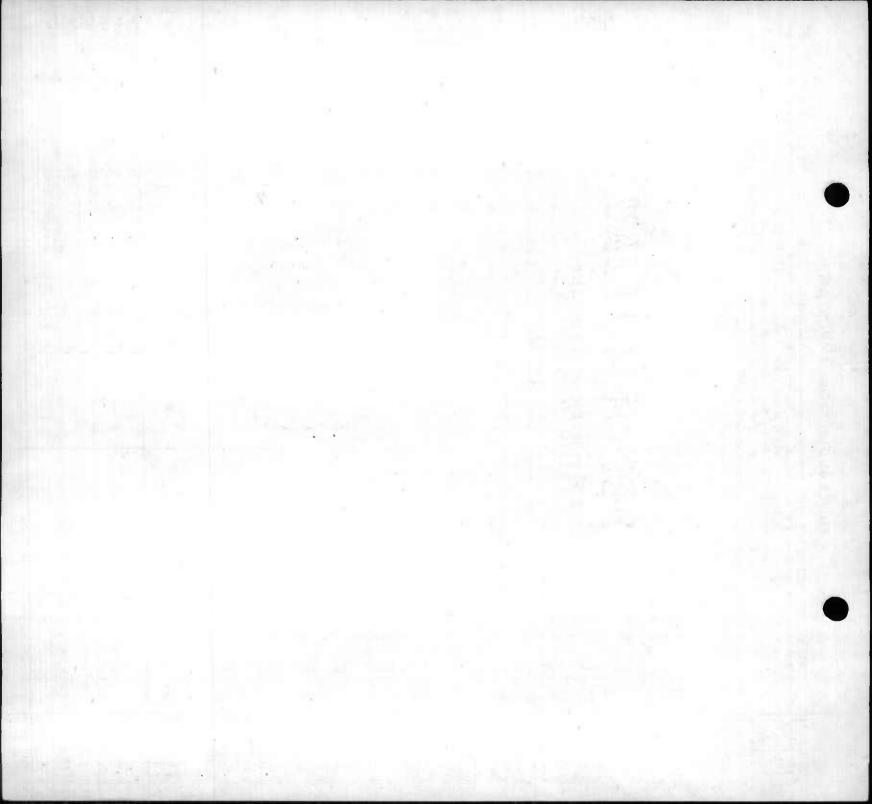
Med. Director

238, DATE SIGNED



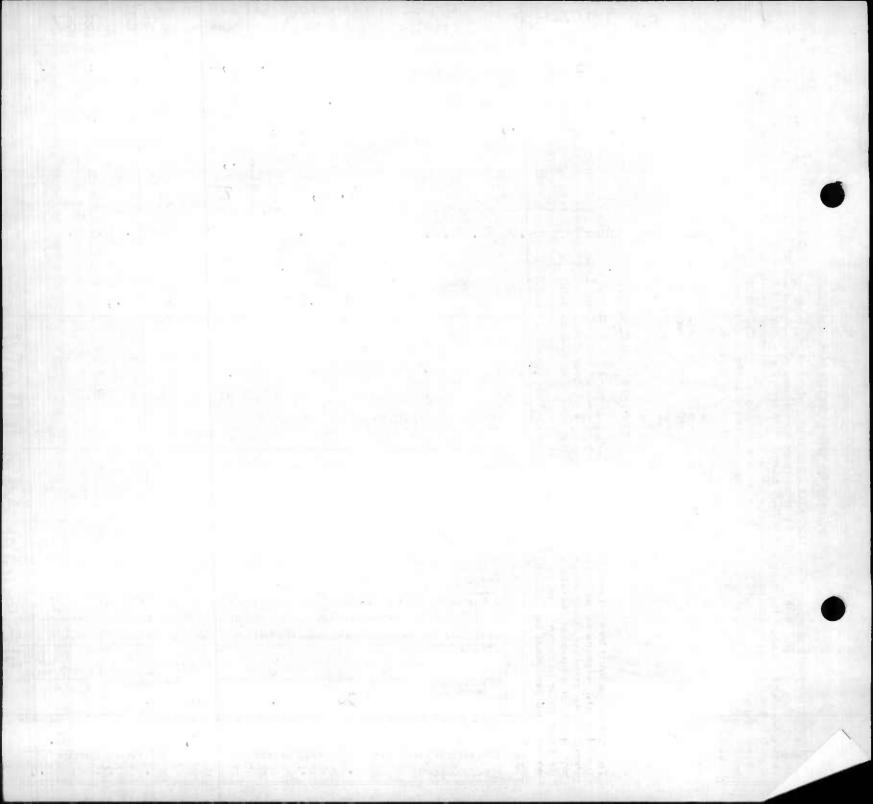
	OF	24.00		BALTIMORE CIT	Y HEALTH DEPARTMEN	T	65 0946
	H NO. O	0946		CERTIFICA	ATE OF DEATH	H Registered No	. 00 0340
1. N.	AME OF DECE	ASED			2. DAT	E AND HOUR OF DEAT	Н
		Mary Ma			Janı	uary 22, 196	5   11:10a
3. P	LACE OF DEAT	H IN BALTIMORE, MAR	RYLAND		4. USUAL RESIDENCE	Where deceased lived. If OUNTY	institution: residence before odmis
F	ULL NAME OF	(If not in hospital a	or institution, give	street	Marylan	nd	1402
H	OSPITAL OR	oddress or location	)		C. CITY OR TOWN	If outside city limits, write	RURAL and give township)
		Providen			Baltimo	ore	
		1514 Div			D. STREET ADDRESS		
		Baltimor	e 17, Ma	ryland	1508 Br	unt Street	
5. S	EX	S. RACE	7. MARRIED, NE WIDOWED, D	VER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	7. AGE (In years lost birthday)	Months Doys Hours Mi
		Negro	Divor		August 21,10		
		PATION (Give kind of work orking life, even if retired)	10B. KIND OF BU	ISINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Housew		Ho	me	Baltimore, F	larvland	U.S.A.
13. [	FATHER'S NAM	E			14. MOTHER'S MAIDEN	NAME	0.000
	Ell ourd	Matthews			Wile	toria Forte	a ye
15. 1	Was Deceased I	ever in U. S. Armed Force	es?  16	· SOCIAL	17. INFORMANT	COPIA 101 0	ADDRESS
Yes	s, no or unknown)	(If yes, give wor or dates	s of service)	SECURITY NO.			
						ia Twine 5	
	18.	11/11 000	2,/	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DIR	ECTLY		atic Coma		1-21-65-1-22-
	A	NTECEDENT CAUSES		(6)	hosis of Live		
	DISEASES OF	R CONDITIONS, if of obove couse (A) CONDITION lost.		DUE TO	nic Alcoholi		
ATION	DISEASES OF TISE TO THE DE DISEASE OF C	R CONDITIONS, if of obove couse (A) CONDITION lost.	Stoling the ONTRIBUTING TED TO THE	(c)Chro	nic Alcoholi	sm	
TIFICATION	DISEASES OF rise to the UNDERLYING	R CONDITIONS, if of obove couse (A) CONDITION lost.	ONTRIBUTING TED TO THE I. DITTON FOR WHI	(c)Chro	ry Tuberculos:	is	E FINDINGS CONSIDERED AUSES OF DEATH?
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REMOVAL (Specily) /26 DEPT. 258. NAME OF REGISTRAN RECTOR ADDRESS North Ave 1 Park Baltimore 25A. DATE REC'D BY HEALTH VS 150-REV. 1/1/65 1965 27 Herbert



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death-shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

	UL (18) 4.7		BALTIMORE CIT	Y HEALTH	DEPARTMENT		CE	00 1101
	TH NO. 65 0947		CERTIFICA	ATE O	F DEATH	Registered No		U947
1. N/	E. CASE NO.  IAME OF DECEASED  oe or Print)  Howa	rd LeRoy	Veasel			ND HOUR OF DEAT 25,1965	н	5:00 A.
	PLACE OF DEATH IN BALTIMORE, A	MARYLAND		4. USUA A. STATE	L RESIDENCE (Wh.	ere deceased lived. If	institution: resi	
H	FULL NAME OF (If not in hospit HOSPITAL OR oddress or local NSTITUTION 313 Yale		ve street	C. CITY	OR TOWN (If o	utside city limits, write	e RURAL ond g	ive township)
	) at 9 2. 4 at 0	,		D. STREE		rurol, give location)		
S. \$1	EX 6. RACE		NEVER MARRIED	8. DATE C		9. AGE (In years	If Under 1	Yr., If Under 24
	Male White	Mar	ried (specify)		20,1891	lost binthdoyl	Monms	oys Hours Mi
	. USUAL OCCUPATION (Give kind of ve during most of working life, even if refire		BUSINESS OR INDUSTR	Y 11. BIRTH	IPLACE (Stote or for	eign country)	12. CITIZEI WHAT	OF COUNTRY?
	allman Conductor	B. & O	. R.R.		Md.		U.	S. A.
13. F	FATHER'S NAME				HERS MAIDEN NA			
	George W. Veas	el		E	Imma M. S	tahl		
1S. V (Yes	Was Deceased Ever in U. S. Armed s, no or unknown) (If yes, give wor or o	Forces? dotes of service)	6. SOCIAL SECURITY NO.	17. INFOR		2 0 2 0		DDRESS
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	18.433.11		CAUSE	OF DEATH				TERVAL BETWEEN
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	heart failure, asthenia, etc. It med	ons the diseose,		vascu.	lar dise	ase.		
	ANTECEDENT CAUS		(B) Chr	onic	mvocardi	al diseas	2	vears
	THE COUNTY CAO.		DUE TO					
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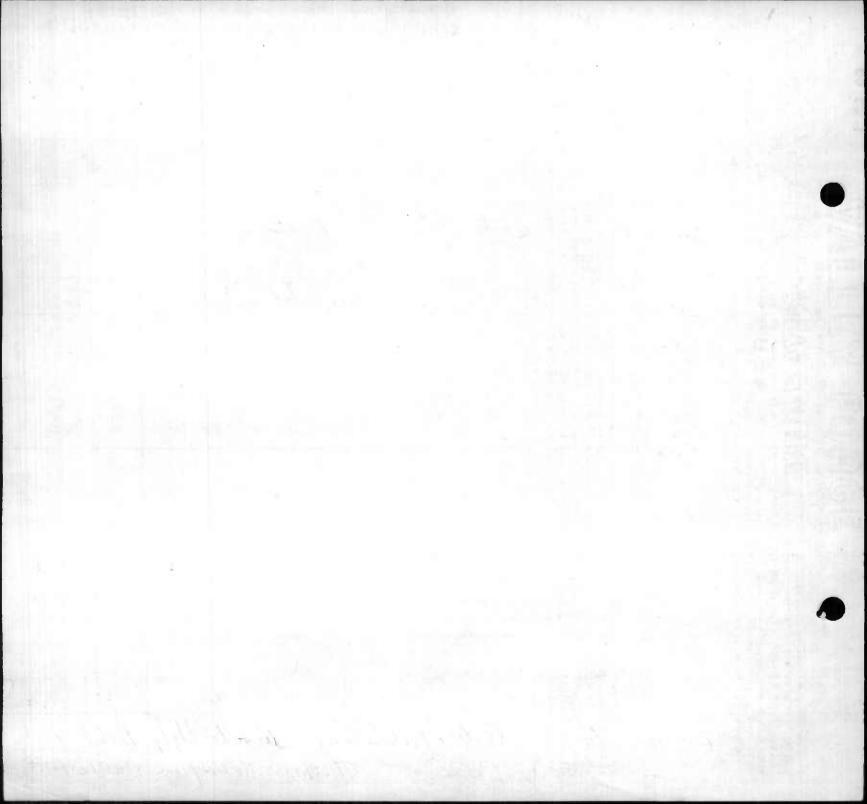
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	was D.O.A. at a hospital	deceased prior to death);	written approval must be obtained before the remains are embattied of final disposition is made.
F	+ 4	5 ≥	0	1

			BALTIMORE CITY	HEALTH DEPARTMENT		65 0948	
BIRTH NO. O	5 0948		CERTIFICA	TE OF DEATH	Registered Na	00 0948	
1. NAME OF DEC					AND HOUR OF DEATH		
		a T. Br	own		ary 25, 1965		
	ATH IN BALTIMORE, MA		une street	A. STATE B. COU	nere deceased lived. If ins	stitution: residence before odmission)	
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)				C. CITY OR TOWN (If outside city limits, write RURAL and give lownship)			
INSTITUTION	Anderson Nu	rsing H	Iome	Baltimore	If iurol, give location)		
				4818 Linds	av Road		
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.	
Female	White	Wido		Jan. 23, 1881	lost birthdoys	Months Doys Hours Min.	
	working lile, even if retired)	IUK KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?	
At Home	e			Germany		U.S.A.	
13. FATHER'S NAM	ME			14. MOTHER'S MAIDEN N	AME		
		Osw	vald	Unkr	nown		
15. Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No	The year, give wor or done	3 01 30111007	None	Evelyn Brown	4814 Lindes	v Road	
18.	11111		CAUSE O		TOTT LINGSA	INTERVAL BETWEEN	
100	SE OR CONDITION DIR	ECTLY		^	. 6.0	ONSET AND DEATH	
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	not mean the mode of		DUE TO	Vocalar	husease	######################################	
	osthenio, etc. It meons aplication which coused						
	ANTECEDENT CAUSES		(B)	**************************************	0 0 0000 TE 0 x TE weeks him he med 40 x an dowl 60 wax med 40	**************************************	
DISEASES	OR CONDITIONS, if	ony giving	DUE TO				
rise to the	e abave couse (A)		(c) 1				
UNDERLTING	G CONDITION lost.						
E TO THE D	II  IFICANT CONDITIONS C  EATH BUT NOT RELA  CONDITION CAUSING I	TED TO THE					
19 A. DATE OF		DITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?	
OR CONTRIBL	NT WAS UNDERLYING	21B, home etc.)	PLACE OF INJURY(e.g., in e, form, foctory, street, of	ffice bldg., INJURY OCCUR?	(II in Boltimore	City, give exact locotion)	
Q 21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?	A series to the series to the	
OF INJURY			e At Not Whil				
		Worl			59	1-	
			e deceased from	110	ta	24 19 OJ	
	last saw the decease		·			ifan death occurred an the date	
		ed above. (I)	) (We) (did) (did nat) v	riew the body ofter death	•		
23A. SIGNATU	il	1	M.D. Atte	ending Med.	Stoff	23 B. DATE SIGNED	
23C. PHYSICIA	me fus - 0	Lum	Phy	s. Director	Phy s.	1 20 01	
NAME (T	JOSEPH (	S. B	LUM M.D.	1/15	1. Carve	RT ST	
24A. BURIAL CRE	MATION, 248. DATE	24C. NA	ME of CEMETERY OF CRE	EMATORY 24D.	LOCATION (Cit	y, town, or county) (Stote)	
Burial	1/28/6	5 Bal	timore Ceme	tery	altimore, Ma	ıryland	
25A. DATE REC'D	JAN 27 1965	Robert	E talky M.A	Ellsworth A	W MARCO	ADDRESS  Liberty Heights	
VS 150-REV. 1/1/	65					,	

n c . diion c e T

	00.40	BALTIMORE CITY	HEALTH DEPARTMENT		
M.E. CASE NO.	0949	CERTIFICA	TE OF DEATH	Registered No.	65 0949
Type of Print	. 1			D HOUR OF DEATH	12:50
	EEN, AMO.			5-65	12:50 P
3. PLACE OF DEATH	IN BALTIMORE, MARYLA	IND	A, STATE B. COUN		comission residence before odmissi
FULL NAME OF HOSPITAL OR	(If not in hospital or in oddress or (ocation)	stitution, give street	C. CITY OR TOWN (If out:	side city limits, write RU	RAL and give township)
INSTITUTION	,		Baltimore		
Joh	ns Hopkin	s Hospital	1 1	urol, give location) GTON AUE	
5. SEX 6.	RACE 7. A	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. , II Under 24 h Months: Doys : Hours : Min
M	N	married	2/15/15	49	
done during most of worl	king lite, even if retired)	anstruction	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
operato	V	ona vaccor	14. MOTHER'S MAIDEN NAM	AF	
	10		-		
Edwa	rci Green	11 / 20	trances ti	tzhugh	ADDRESS
15. Was Deceased Ev (Yes, no or unknown) (II	er in U. S. Armed Forces? yes, give wor or dotes of	16. SOCIAL SECURITY NO. 2/1-10-8220	17. INFORMANT	Redo	ADDRESS
1B.	7,1	CAUSE O		)000-0	INTERVAL BETWEEN
7 %	OR CONDITION DIRECT	'LY		/	ONSET AND DEATH
	ADING TO DEATH	(A) Pu	umonary En	bolism	2 days
	mean the made of dyinenia, etc. It means the	ng, e.g., DUE TO		660 mm m m 0 m mm 0 0 0 600 c 0 0 m 660 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	calian which caused dea	th.) (AR	DIAC MURRY T	hombous	
AN	TECEDENT CAUSES	(B)	orro rearer //	110/1100 310	
	CONDITIONS, if any,	giving M	Umonory Em DIAC MURAL TI ocardial infai	chown x ?	2 years
	abave cause (A) sta CONDITION last.	ing ine (C)			- Jews
	11				
	ANT CONDITIONS CONT				
A DISEASE OF CO	NDITION CAUSING IT.				
19A. DATE OF O	PERATION 198. CONDITION WAS PERFORM	ON FOR WHICH OPERATION MED	20A. AUTOPSY? (Yes or No.	10 CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
21 A. ACCIDENT	WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	a of about 21 C WHERE DID	III in Rollimera	City, give exact location)
OR CONTRIBUTION	IG CAUSE OF	home, form, foctory, street, o	lifice bldg., INJURY OCCUR?	iii in bollimore	ony, give exoct loconon/
U					
OF INJURY	Aonth) (Doy) (Yeor) (H	OUT) 21E. INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
(APPROX)		While At Not While At Work			
22. I certify the	at (1) (this hospital) at	tended the deceased from	12-29	965 10 1-	-25 1965
	st sow the deceased o	1 20	1.5-		on death occurred on the
and hour and fr	om the couses stated	obove. (I) (We) (did) (did nat) v			
23A. SIGNATURE	0		,		23B, DATE SIGNED
pl.	7 Buren	( M.D. AH	ending Med.	Stoff Phys.	1-25-65
23C PHYSICIANS	, Subutk,	A PUID Phy	23D. ADDRESS	· 11y 3. Lind	1 20 03
CHAME (Type		To 11) M.D.	Tohne Hanks	un Hoen	
24A. BURIAL CREMA	F. BIGGER,	24C. NAME of CEMETERY OF CR	EMATORY 124D 10	CATION City	, town, or county) _ IState
REMOVAL (Spec		Cedar/fil	Com Re	teher / Sal	Back Me
25A. DATE REC'D BY	HEALTH DEPT. 258	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	11 . 1	ADDRESS
JA	N 27 1965 (R.	Dr. B. E. Star Beu M.A.	Thomasy	RENNY/NO	palto mo
971	1000 00	CALL C' MONDON	111011112	10	/-

VS 150-REV. 1/1/65

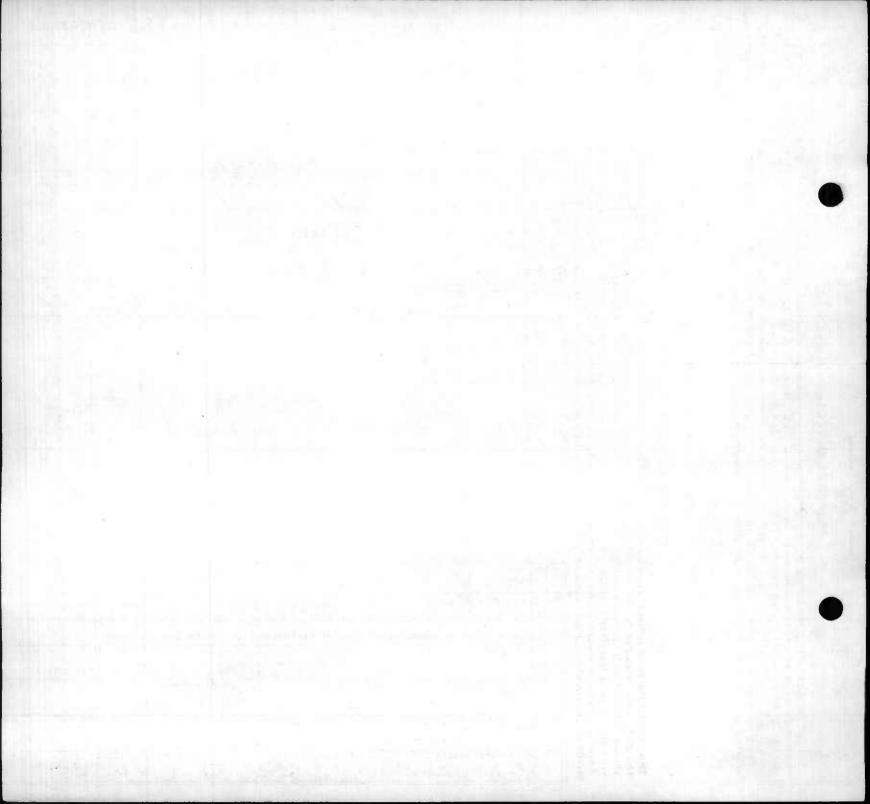


M.E. CASE NO.

VS 150-REV. 1/1/65

BALTIMORE CITY	HEALTH DEPARTMENT		
CERTIFICA	TE OF DEATH	Registered No.	65 0950
1	2. DATE A	NO HOUR OF DEATH	
JONES	1/2.	3/65	13.52P.M.
ND titution, give street	A. STATE B. CDU	NTY /	institution: residence before admission)
PL.	Balto.	turol, give location	RURAL and give township)
ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9/3/77	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?

(Type or Print)			HOUR OF DEATH	DIFAM
EMMA JON	25	1/23/	65	1200 2P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUA	L RESIDENCE (Where	deceased lived. If instituti	on: residence before admission
FIRE MAKE DE MI out to bounted on invalent or a second	-	and	13	03
FULL NAME DF (If not in hospital or institution, give street HOSPITAL DR oddress or location)		OR TOWN (If outside	de city limits, write RURA	and give township)
INSTITUTION	c. ciii	3-01	de city littlis, wille KOKA	L ond give township
2221 = + .00	2 5705	ET ADDRESS (If rur	-1 -1 - 1 - 1 - 1	
2324 Entaw Pl.	D. SIRE		ol, give location	
	23	24 Eulas	UPE.	
SEX 6. RACE 7. MARRIED, NEVER WIDOWED, DIVOR			AGE (In years If Mo	Under 1 Yr. If Under 24 h
F. negro widow	9/3	122	e7	
OA, USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINE	SS OR INDUSTRY 11. BIRTE	IPLACE (State or foreign	country) 12.	CITIZEN OF
fane during most of working lile, even if retired)		. ,		WHAT COUNTRY?
Housewife You	2	ud.		O. S. A.
3. FATHERS NAME	14. MOT	HERS MAIDEN NAME	1.	
Jel 11 i para la	71	11:71	1 lone	
John W. Comes	200	inua 1		1000000
Wos Deceosed Ever in U. S. Anned Forces?  16. SOC SEC	CIAL 17. INFOI	CMANI		ADDRESS
	cone Bus	Trie Brown	11.2324	En Trui PO
18. / / / /	CAUSE OF DEATH			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			() 1	ONSET AND DEATH
LEADING TO DEATH	Mulia	andro a	Jollan Blin	1-1.
(This does not mean the made at dying, e.g.,	DUE TO	many -	f, access	1 avec
heart failure, asthenia, etc. It means the disease,				
injury or complication which caused death.)	Gener	shid art	Pring termin	
ANTECEDENT CAUSES	DUE TO	5	erioseteuris	• • • • • • • • • • • • • • • • • • • •
DISEASES OR CONDITIONS, if any, giving	Chien	in Produce	1.11.17	2 mos,
tise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	a riger in	ejuura,	2.009
GNOEKETING CONDITION (as).				
z	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0		
O THE DEATH BUT NOT RELATED TO THE	prebal	Thesouth	asi-	
DISEASE OR CONDITION CAUSING IT.		1000000		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH (WAS PERFORMED	SPERATION 20A.	AUTOPSY? (Yes or No)	208. IF YES, WERE FINDI	NGS CONSIDERED OF DEATH?
M P				
OR CONTRIBUTING CAUSE OF 21B. PLACE	OF INJURY (e.g., in or obout factory, street, office bldg.,	21C. WHERE DID	(If in Boltimore City	, give exact location
DEATH (notify medical examiner)				
O 21 D. TIME (Month) (Doyl (Year) (Hour) 21 E. INJURY	OCCURRED	21F. HOW DID INJUI	RY OCCUR?	
♥ OF INJURY  (APPROX.)  While At	Not While			
Work	Al Work			
22. I certify that (i) (this hospital) attended the dece	ased fram	19	63 to	1-23 1965
that (4) (we) lost saw the deceased alive on.	- 2/ 19	6 J and that	in (my) (our) opinion	deoth occurred on the
			. , , . , . , . , . , . , . , . , . , .	
and hour and from the causes stated above. (1)-(We) (	aid (dia-not) view the	body after death.	Tools Tools	DATE SIGNED
11/11/11/11	A4 D A4	/ Mad - 5		DATE SIGNED
Cualles 12. Veille,	M.D. Attending Phys.		off /	1-23-65
23C. PHYSICIAN'S NAME (Typel	23D. ADD	RESS		
	M.D. 72	320) [	tau DI	200
Charlesk, Veuter		201	aw 11	acc
AA. BURIAL CREMATION, 24B. DATE 24C. NAME of 1	CEMETERY OF CREMATORY	24D. LOC	CATION (City, to	wn, or county) (Stote
burial 1-27-65 Plans	ant Part	Cem. Jou	uson ma	Milland
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGIS	JRAR 25C.	FUNERAL DIRECTOR	11	ADDRESS
	Farber Mill M	:06:50 A.	It. A.	Vigni mer DO.
שחוו אין ושטע ווייים ביי	1/2	man -c	ruman, or.	1101 " Well



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	if death	ect or	4) Under	was in
RTAN	Issistant	the dir	y kind; (	death
IMPO	or his a	Also, if	re of an	nounced
ECTOR:	xaminer	xaminer.	A fractu	who pro
FUNERAL DIRECTOR: IMPORTANT	ved by the chief medical examiner or his assistant if death occurrec	hospital by a medical examiner. Also, if the direct or contributi	nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined	ept where the physician who pronounced death was in regular
JNE	chie	D /	Body	the
I.	by the	pital by	ure; (2)	where
	ved	hos	nati	ept

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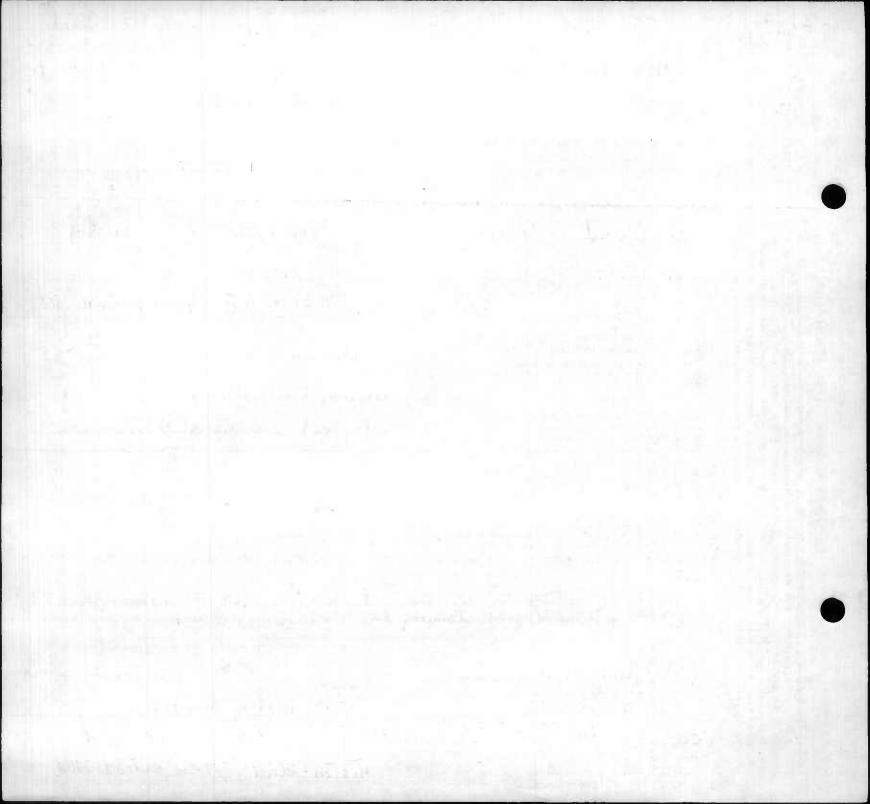
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH RIRTH NO. M.E. CASE NO. 1 NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 20 1:00 deceased lived. If institution: residence before admission) 3. PLACE OF DEATH A. STATE R. COUNTY MARYLAND CARROLL (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION HAMPSTEAD THE JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rurol, give location) NORTH MAIN STREET 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years 6. RACE 8. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 His. WIDOWED, DIVORCED (specify) Hours 5-8-94 M W MARRIED

10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? or final disposition done during most of working life, even if retired) Junes 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME LAURA RIVEMAN WILLIAM UTZ 15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) U. yes, give wor or dotes of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoting the obtained before the remains UNDERLYING CONDITION last. OTHER ST.
TO THE DE.
DISEASE OR COND.

19A. DATE OF OPERATION

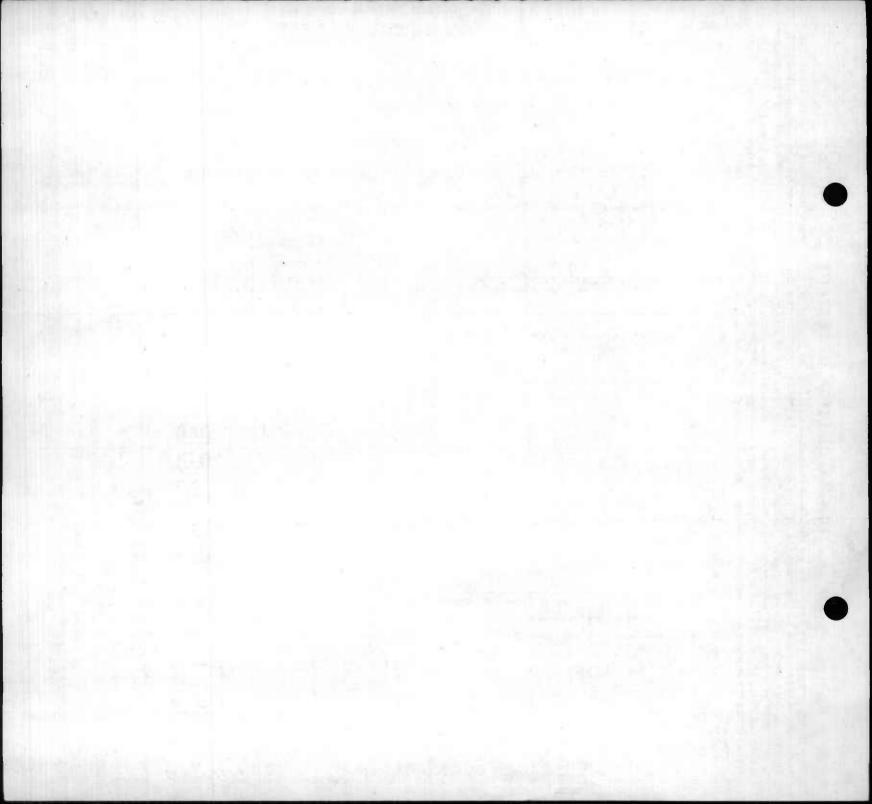
21A. ACCIDENT WAS UNDERLYING!
OR CONTRIBUTING CAUSE OF
DEATH (notify medical examine)

(Month) (Day) (Y OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? VES 21 & PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) etc.) (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At At Work Work 12 muzry 20, 19 65 26, 19 65 and that in (my) (our) opinion death occurred on the date pe that ((1) Twe) lost sow the deceased alive on 1 Junzay and hour and from the couses stated above. ((1) (We) (dld) (did not) view the body after death. must 23A, SIGNATURE 23B, DATE SIGNED Attending Med. M.D. Phy s. Director approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. ROBERT O BLEAKMAN Hojo Kins Hosenta 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CREMATORY (City, town, or county) NEMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEP 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65



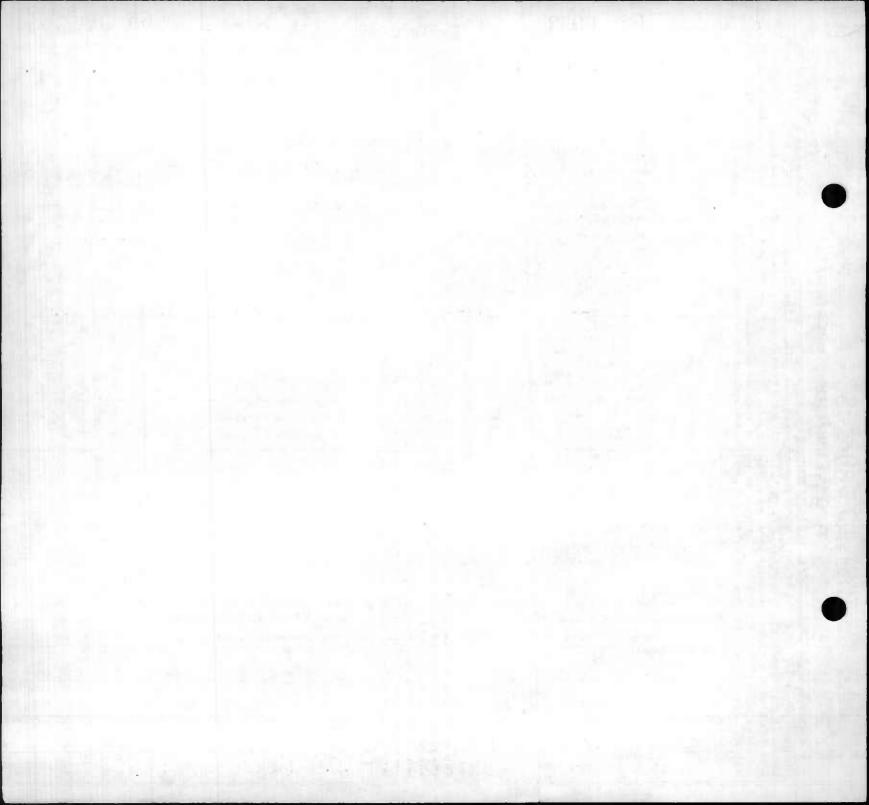
W.

	BALTIMORE CITY	HEALTH DEPARTMENT		65 0952	
BIRTH NO. 65 0952	CERTIFICA	TE OF DEATH	Registered No	00 0000	
TI, NAME OF DECEASED (Type or Print) WEISMANTEL	, HUGO LO	1.	25.65	5:35	PM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT		stitution: residence before odr	mission)
FULL NAME OF (If not in hospital or institution, HOSPITAL OR address or location) INSTITUTION	give street	MISSOURI C. CITY OR TOWN (If outsi	ide city limits, write R	tURAL and give township)	
The Union Memorial	Hospital		ural, give facation)  DEN W	ood PLATE	
5. SEX 6. RACE 7. MARRIED,	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH 9.	. AGE (In years	If Under 1 Yr If Under	24 Hrs. Min.
0	IARRIED	12/9/90	74		
done during most of working life, even if refired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTRY?	AM
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		THEFT	7 00
LOVIS A. WEIS	MANTEL	AMAN	DA Sc	HNITKER	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)	1 6. SOCIAL SECURITY NO.	Janes Haw	hin . 210	9 Slarwant	Rf.
18. 4-54XI	CAUSE O			INTERVAL BETWEE	
DISEASE OR CONDITION DIRECTLY			MONIA		
LEADING TO DEATH (This does not mean the made of dying, e.g.,		ELECTASISIY	Musona		
hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.)		cubpli, bilitera	1 c mutor	10	
ANTECEDENT CAUSES	(B) CHO	TECYS TECTO	4 400		
DISEASES OR CONDITIONS, if ony, giving	2 Not And	E GANGREN	DUS CHOLE	CYSTITIS Y	,
rise to the obave cause (A) stating the	***************************************	H CHOLFLITHIA	+SIS+ UFR	TRAL 20	
UNDERLYING CONDITION Iosi,	A THE COLUMN TWO IS NOT THE OWNER.	TRNIA	- 11 0 21	27	any
O THE SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	G JAN 27 6	T BRONCHOSCO	164	PAIN OF VENTRAL	HETCH
194 DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION ABOUT	20/A. AUTOPSY? (Yes or No)		FINDINGS CONSIDERED USES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING 218	PLACE OF INJURY (e.g., in ne, form, foctory, street, of	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact locotion)	
	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
OF INJURY (APPROX.)	nite At Not While		-		
22. I certify that (I) (this hospital) attended t		, 22 - 19	96500 1	. 25 19	65
that (I) (we) lost saw the deceased olive an	1 2	19 6 5 ond tha	t in (my) (our) opin	nion death occurred on t	he date
and haur and fram the couses stated above. (	1) (We) (did) (did not)	view the body ofter death.			
23A. SIGNATURE	^			23B, DATE SIGNED	
Whom labor	Phy	s. Director P	Stoff Phy s.	1, 61.67	
23C. PHYSICIAN'S NAME (Type)	M.D.	The Vain	Herror	ial Adepi	Jal
24A. BURIAL CREMATION, 24B. DATE 24C.N	AME OF CEMETERY OF CR	EMATORY 24D. LO	CATION	ty, town, or county) (	(Stote)
( Penial 1-29-60 Se	inset men		Lour, m	0'	
JAN 27 1965 Roberts	E. Falley M.A.	Franke H	nuille	Peleverello	met.
VS 150-REV. 1/1/6S				V	



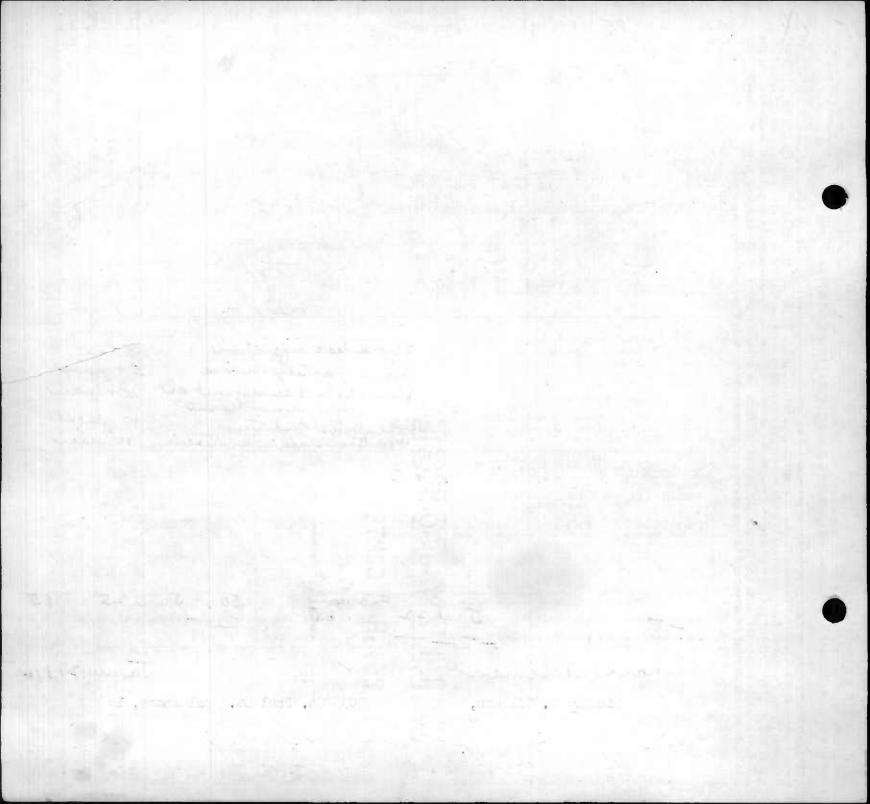
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10	in a hospital and	g cause of death ause; (5) Deceased	ittendance on the or to death. Such		BI A. 1. (1
	nt if death occurred	direct or contributin ; (4) Undetermined c	th was in regular of	disposition is made.	5. d
R: IMPORTAL	er or his assista	or. Also, if the sture of any kind	ronounced deal ar attendance o	balmed or final	0
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
	This certif	the body shows: (1)	was D.O./	written a	2

	Cr	0000		BALTIMORE CITY	Y HEALTH DEPAR	TMENT		CE OOF	
BIRTH	I NO. 65	0953		CERTIFICA	TE OF DE	ATH	Registered Na.	65 095	3
	CASE NO.	D			- Ir	DATE AND	HOUR OF DEATH		
	or Print)	HARRY	B. SI	MITH			ry 25, 19		P.M.
3. PL	ACE OF DEATH	IN BALTIMORE, MA	RYLAND		4. USUAL RESIDI	ENCE (Where	deceosed lived. If	institution: residence befor	e odmission)
H	JLL NAME OF OSPITAL OR	(If not in hospital oddress or locotion	or institution, g	give sheet	Maryla	nd		RURAL ond give townshi	3 ip)
E	louse in	the Pine Belvedere	s Nurs	ing Home	Baltim D. STREET ADDR	ore	uiol, give lacotion)		
-	1929 W. I	pervedere	Avenu	е	505 S.	Glove	er Street		
5. SE	X 6. R.	ACE		NEVER MARRIED , DIVORCED (specify)	8. DATE OF BIRTH		AGE (In years	If Under 1 Yr. If U Months; Doys Hours	nder 24 Hrs.
Ma	le W	nite	Wido	wed	9/23/18	_	78		
		ION (Give kind of working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY	?
S	Salesman		Cemet	ery	Maryla	nd		U.S.A.	
13. F	ATHER'S NAME				14. MOTHER'S M	AIDEN NAM	1 E		
		ohn M. Sm			Emma	Nelson	ı		
15. W (Yes,	/as Deceosed Ever no or unknown) (If )	in U. S. Armed For ves, give war or date	cos? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
- 1,	No		2	19-05-6300		ry Pri	ice,505 S	. Glover S	t.
	B. 420	// I	real v	CAUSE O	OF DEATH		1-1	ONSET AND	
		R CONDITION DIS	ECILY	w. Ol	ente -	Was	anded (	Word 1-	dy
		nean the mode of enia, etc. It means		900 10/10	tion a pli	1 ABE	es dell	104	(
		alian which caused		O COLOR		2000		6	7
		ECEDENT CAUSES		DUE TO					
	DISEASES OR C	CONDITIONS, if bave cause (A)	any, giving	(C)					
	UNDERLYING CO		olding inc	( )					
ATION	TO THE DEATI	II NT CONDITIONS C	TED TO THE						
CA		RATION CAUSING I		VHICH OPERATION	20A. AUTOPSY	? (Yes or No)	20B. IF YES. WERE	FINDINGS CONSIDERED	)
ERTIF	0	WAS PER	ORMED				IN CERTIFYING CA	AUSES OF DEATH?	
CAL C	OR CONTRIBUTION DEATH (notify med			PLACE OF INJURY (e.g., i e, farm, foctory, street, o			(If in Baltimo	ne City, give exoct locoti	on)
MEDI	OF INJURY	onth) (Doy) (Year)		INJURY OCCURRED		W DID INJU	IRY OCCUR?		
2	(APPROX)		Whi	le At Not While At Work					
2	22. I certify that	(I) (this hospital	) attended th	e deceased fram	con 2	5 19	9 65 to Je	W 25	19.60.
		saw the decease		you to			t in(my) (aut) ap	inlon death accurred	an the date
		m the causes stat	ed abave. (1	(We) (did) (did nat) v	view the bady aft	er death.			
	3A. SIGNATURE	1 All	10 D.	1 AM.D. Att	ending Me	ed \$	Staff	23B. DATE SIGNED	
	3C. PHYSICIAN'S	MUUK	all	Phy	23D. ADDRESS		Phy s.	1/2/16	5
	NAME (Type)	LESTER	N KOI		370	O DADI	K HETCHTO	2	
24A.	BURIAL CREMAT	ION, 248. DATE		ME of CEMETERY OF CR		24D. LO	K HEIGHTS	City, town, or county)	(State)
P	REMOVAL (Special	1/28/6	5 Dia	na Grava		Dis	Nagari II a	Manuel	2
	DATE REC'D BY		25B. NAME O		25C. FUNERAL	DIRECTOR	igeville,	Maryland	1
	JAN	27 1965 (1)	Doub &	. Farberma	M.F.SA	DOWSKI	L & SONS,	1808 EASTE	RN AVE
VS 1	50-REV. 1/1/65			-					



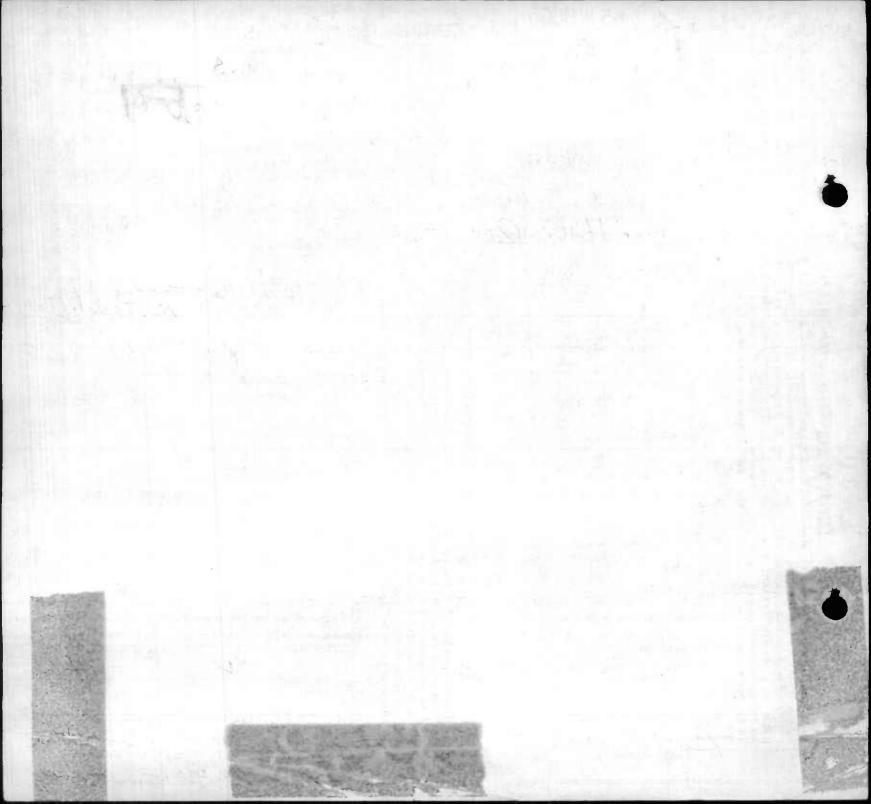
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	(D)	BALTIMORE CITY	HEALTH DEPARTMENT		CE OOF4	
	BIRTH NO. 9 -65 0954	CERTIFICA	TE OF DEATH	Registered Na.	65 0954	
	M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)	7	2. DATE AN	D HOUR OF DEATH	,	
	3. PLACE OF DEATH IN BALTIMORE MARYLAND	Java	HA HISHAL RESIDENCE (Whee	25 /6:	M. ution: residence before_odmission)	
	or react of bearing in sacrimons, manually		A. STATE B. COUN	TY	16.08	
	FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	ion, give street	C. CITY OR TOWN (If out	side city limits, write RUR	AL ond give township)	
	INSTITUTION / 9 1	2 8.6	Balto.	29		
	840 Wildwood	thuy	8 40 W	rurol, give location)	al Okony	
s mad		NED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years III MAN)	Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.	
-	TOA, USUAL OCCUPATION (Give kind of work 108, KIN I	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Store or forei	gn country)	2. CITIZEN OF	
1	A.w. Qu	n Home	staly	· ·	US.a. 50 yrs	
sposition	13. FATHER'S NAME	21-4	14. MOTHER'S MAIDEN NAM	ME		
dis	15. Was Deceosed Ever in U. S. Armed Forces?	16. SOCIAL	Concella		ADDRESS (No.	
final	(Yes, no or unknown) (If yes, give wor or doles of servi	SECURITY NO.	Vincent Fa	va, 840 /	Sildwood	
or	18.260X I	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH	
pe	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Mys	readial infare	tim	2 hra	
E	(This does not mean the made at dying, heart failure, asthenia, etc. it means the dise		, quartery d	boase	5+years	
nbai	injury at camplication which caused death.)	A	to heart diese	e mutial	70+ years	
me e	ANTECEDENT CAUSES	DUE TO	valvenuo	Cornent	4	
are	DISEASES OR CONDITIONS, if any, given ise for the above cause (A) stating		abetes melli	tus	10 years	
ins	UNDERLYING CONDITION fast.	Нур	uttervelandov	ascularding	10 years	
the remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO					
he	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No		DINGS CONSIDERED	
	WAS PERFORMED			IN CERTIFYING CAUSE		
before	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If in Baltimore Ci	ty, give exact location)	
pe	21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
ained	(APPROX)	While At Work Not While At Work	•			
22. I certify that (I) (this hospital) attended the deceased from Fabruary 1950 to Jan 25						
pe	n death occurred an the date					
and haur and fram the couses stated above. (1) (He) (did) (did not) view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED  Altending Med. Stoff						
pro	NAME (Type) Richard N. Till	Lman, M.D.	3035 St. Paul	St. Baltimor	re, 18	
		CHAME OF CEMETERY OF CRE			lown, or county) (State)	
ten	Durial Jan. 2 1/65	Dew Odt	Hedral	Balto.	ned	
written	JAN 27 1965 P. C.	BE Talky MA	25C. FUNERAL DIRECTOR	760	ADDRESS CLUB	
>	VS 150-REV. 1/1/65	M C' domai	winger	1110, 410	Camouson	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

65 0955	BALTIMORE CITY	HEALTH DEPARTMENT	7	65 0955
BIRTH NO. O	CERTIFICA	TE OF DEATH	Registered No.	()0 ()000
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print) Masy Warson		1-2	A-(05)	0:110 P M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If instit TY	ution: residence before admission)
FULL NAME OF (If not in hospital or institution, give and direction of the state of	street	MARYLAND (If out	side city limits, write RUR	RAL and give township)
Manifolion		BALTIMORE	. 28	53-00
Bal Secure Haspilal		D. STREET ADDRESS (IF	rurol, give location)	
5. SEX 6. RACE 7. MARRIED, NEV	FR MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	VORCED (specify)		lost birthdoy) N	Months Doys Hours Min.
tOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
WIFE H, W. Guon	- Home	YENNA.		HMERICAN
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
AMBROSE WIRTH		EMMA LX	2HTU_	
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service)	SOCIAL SECURITY NO.	17. INFORMANT	1 / otos	ADDRESS
No	SECORITI NO.	AdMISSION	Sheet 10	2 torosh bor.
18. / 7/3	CAUSE OF	DEATH	3,1	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		7 1	11/1	ONSE! AND DEATH
(This does not mean the mode of dying, e.g.,	(A) DUE TO	eyerelized	1466663841	20.L
heort foilure, osthenia, etc. It means the disease, injury or complication which caused death.)	G	reinema origin.	. yesbakla	
ANTECEDENT CAUSES		rion origin.		
DISEASES OR CONDITIONS, if ony, giving	DUE TO			
rise to the obove cause (A) stoling the UNDERLYING CONDITION last.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	H OPERATION	20 A. AUTOPSY? (Yes or No	10 208. IF YES, WERE FIN	DINGS CONSIDERED
	CE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore C	ity, give exact location)
OR CONTRIBUTING CAUSE OF home, for clc.)	rm, foctory, street, olf	ice bldg., INJURY OCCUR?		
Q 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJ	URY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.) While A	Not While		,	
22. I certify that (I) (this hospital) attended the de	eceased from	an 126	910	24 1965.
that (I) (we) lost saw the deceased alive on	-24 1	19 . 65 ond the	at in(my) (aur) opiniu	in death occurred on the date
ond hour and from the couses stated above. (1) (We	e) (did) (did not) vi			
23A. SIGNATURE	1/1		/	B. DATE SIGNED
Constitutive la ly cheoming	Phys		Stoff Phys.	1-24-65
23C. PHYSICIAM'S NAME (Type)	M.D.	3D. ADDRESS		
24A. BURIAL CREMATION, 24B. DATE / 24C.NAME	of CEMETERY OF CRE	MATORY 24D. LC	OCATION (City,	town, or county) (State)
REMOVAL (Specily)	1015-10	the Indian	Balto	. > 9 - miel
25A DATE RECED BY HEALTH DEPT.   25B. NAME OF RE	GISTRAR	25C. FUNERAL DIRECTOR	1:0	ADDRESS .
JAIN & 1 1905 Coloub E. Jankey	4.0	ill toke	Tell, 416 1	Education
VS 150-REV. 1/1/65			1 - 14	13111

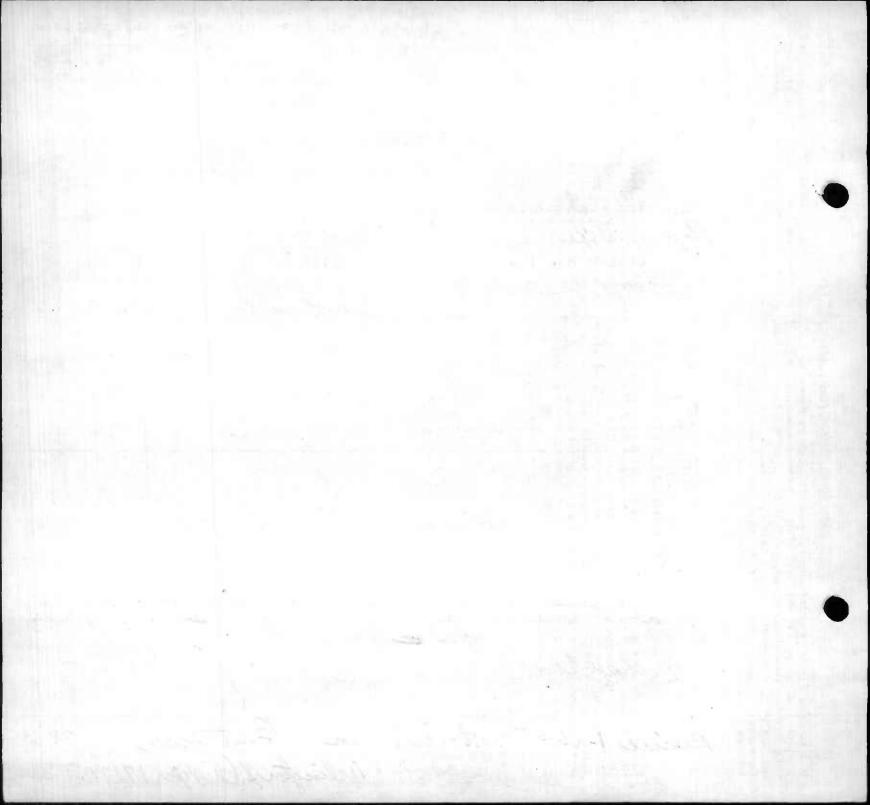


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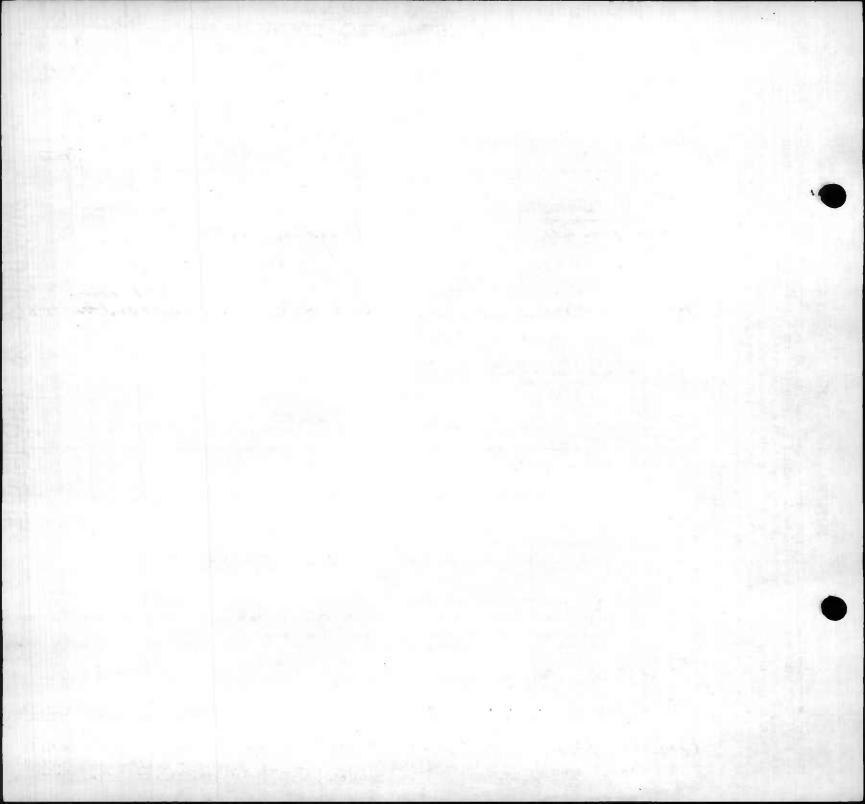
	1-12
- /	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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FUNERAL DIRECTOR: IMPORTANT	iner ract ract pula
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	dy (1)
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	BALTIMORE CIT	Y HEALTH DEPARTMENT		0.00
BIRTH NO. 65 0957 M.E. CASE NO.	CERTIFICA	ATE OF DEATH	Registered Na.	65 0957
1. NAME OF DECEASED (Type or Print) SUSIE GIVE	ENS		10 HOUR OF DEATH	2.45 A <sub>M</sub>
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	ID		e deceased lived. If i	nstitution: residence before admission)
		MARYLAND	11	7 1)
FULL NAME OF (If not in hospital or inst HOSPITAL OR oddress or location)	itution, give street	C. CITY OR TOWN (If out	side city limits with	PUPAL and sive toweship)
INSTITUTION			ITY	KONAL OND GIVE IOWNSHIP!
3 THE JOHNS HOPKINS	HOSPITAL		rurol, give location)	
				TOFFT
6. SEX   6. RACE   7. M.	ARRIED, NEVER MARRIED		9. AGE (In years	I Under 1 Yr. , If Under 24 Hrs.
	DOWED. DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 10B, K	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
10/0 111.		Virge	1111	With Courter
3. FATHERS NAME		14. MOTHER'S MAIDEN NAM		
JOSEPH HAWKIN	IS	ELIZA		
	13 ( 2005)	17 101000000000000000000000000000000000		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of s	ervice) 16. SOCIAL SECURITY NO.	Claylan !	Bartleer	906 Harlema
18.	CAUSE		- court	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	Y	b Arechused Hypertension		ONSET AND DEATH
LEADING TO DEATH	Su	6 Avechused	Hemon	luce 2
(This does not mean the mode of dying	e.g., DUE TO	XX		
heart failure, asthenia, etc. It means the d	iseose,	11		2
ANTECEDENT CAUSES	(B)	Typerlinein		
	DUE TO		dir dir dirikir da sarba da sar samar sa sarrin da sarrinman sar da samir ni ni sar sar sar na naranda samar	min = 1 manuse qui = 1 manus q
DISEASES OR CONDITIONS, if ony, rise to the above couse (A) stating				
UNDERLYING CONDITION lost.	· · · · · · · · · · · · · · · · · · ·		00 00 00 00 00 00 00 00 00 00 000 aa a Cub aa a	
11				
OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING			
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	IU THE			
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		YES	THE CAME IN THE CA	TOOLS OF DEATH!
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY le.g.,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(I( in Boltimo	re City, give exoct locotion)
DEATH (notify medical examiner)	etc.)	omee orage, majori occor:		
O	II) 21E, INJURY OCCURRED	21F. HOW DID INJ	HBY OCCIES	
S OF INJURY	While At Not Wh		ORT OCCOR:	
(APPROX.)	Work At Work			
22. I certify that (I) (this lamital) atte	nded the deceased from	1/22/65 3PM	19 15 to 2	41AM 1/43 19 65
that (1) ( last saw the deceased ali	1 1	19 45 and the	at in (my)	inian death accurred an the dat
	The state of the s		от <i>п</i> т(шу, <del>доог</del> , ор	Godin accorded an the ad-
and have and from the causes stated ab	die. (I)	view the bady ofter death.		less BATT SIGNITA
23A. SIGNATURE.	1	44.1	Su. 11 2 1	23B. DATE SIGNED
1/1/ chall fisch	M.D. A	Med. Director	Phys.	1/23/65
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		7 -1
	ACH . M.D	JOHNS HOP	KINS HOSP	ITAL
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF C			City, town, or county) (Stopely
REMOVAL (Specify) 91-68	Gut /	1	South.	mel
Burial 1-db-6	Mu celle	um	allema	
	NAME OF REGISTRAD	25C. FUNERAL DIRECTOR	0000	ADDRESS
JAN 27 1965 R.L.	rest E. Jankeymill	Welmoton	X: 1 4,0012	2 1727n. Mars
/S 150-REV, 1/1/65		1	- Harriet	1 101

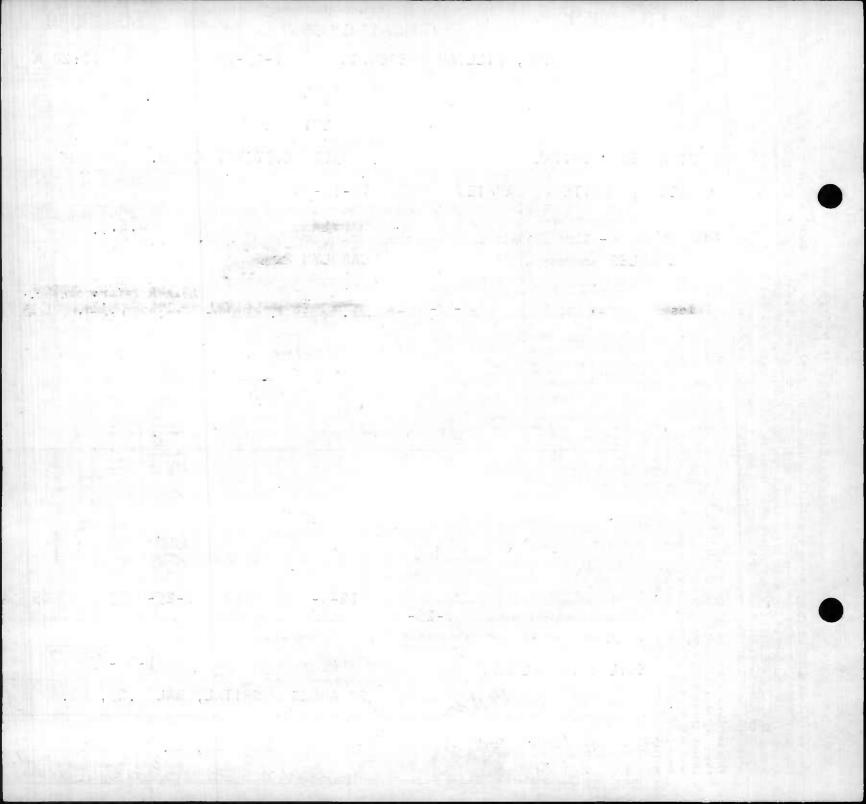


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0058	BALTIMORE CITY HEALTH	DEPARTMENT		CE	0000
BIRTH NO. 65 0958	CERTIFICATE OF	DEATH	Registered No	65	0958
1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH		4
(Type or Print) ANNA Young		1/26	165	14	1:10 A M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAT A. STATE		deceased lived. If instit	ution: roside	nco belore odmission)
FILL MANE OF HE was a basis of a distinction of		maria	Onel	. 2	6-0.3
FULL NAME OF (If not in hospital or institution, given HOSPITAL OR oddress or location)	/ An aimit	OR TOWN AV Suts	ide city limits, write RUI	RAL and give	e township)
Johns Hopkins	Hospital 10	Rel Tim	140. C.	,	
Home Hoper	D. STREET	ADDRESS (If n	utol give location)		1 1
	24	108-	Erdin	rnd	ave.
	EVER MARRIED DIVORCED (specily)		ost birthdoy)	If Under 1 Y Aonths Doy	r. If Under 24 Hrs. s Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF E	USINESS OR INDUSTRY 11. BIRTHI	PLACE (Stote or foreig	n country)	12. CITIZEN	OF OUNTRY?
Retired from makes	7	· 60: 1	o., pa.	A A	
13. FATHERS NAME	JA MOTH	ENS MAIDEN NAM		a.	s.a.
John alexan	der s	usan	Ros	k	
15. Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL 17. INFOR	MANT	3	CO T OP	ila, uve.
(Yes no or unknown) (II yes, give wor or dotes of service)	SECURITY NO.	1. 1	11	9/12	vea.
no none	Sec	ero hun	eral Home	ham	RVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH				ET AND DEATH
LEADING TO DEATH	(A) mI			7-	Zweeke.
(This does not mean the mode of dying, e.g., heart failure, astheria, etc. 11 means the diseose, injury or complication which coused deoth.)	DUE TO ASCU	D			
ANTECEDENT CAUSES	(8)				
	DUE TO				
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the	(C)			1.72	
UNDERLYING CONDITION last.					
11					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	None				
DISEASE OR CONDITION CAUSING IT.		UTOPSY? (Yes or No)	208. IF YES, WERE FIN	IDINGS CO	NSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WI WAS PERFORMED		YES	IN CERTIFYING CAUS	ES OF DEA	TH?
OR CONTRIBUTING CAUSE OF	form, foctory, street, office bldg.,		(II in Boltimore C	City, givo ex	oct location)
DEATH (notily medical examiner)   etc.)	ionii, iocioiy, sieet, onice olag.,	INJURI OCCUR:			
0 21D. TIME (Month) (Doy) (Year) (Hour) 21E 1	NJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
OF INJURY					
(APPROX.)	At Work				
22. I certify that (I) (this hospital) attended the	deceased from 1/16-7	******************	* coccessor * coccessment frank		19 62.
that (1) (we) lost sow the deceased alive on	1/26 19	65 ond the	of in (ay) (our) opinion	an deoth o	ccurred on the date
ond hour and from the causes stated abave (1)					
23A. SIGNATURE	(mer, day) (did har) view the b	ody unor dealin.	12	38, DATE SI	GNED
TP(1)	M.D. Attending	Med.	Stoff	/	/
X + Calphiell m. D	Phys.	Director	Phys.	1/261	185-
23C. PHYSICIAN'S NAME (Type)	23D. ADDR	ESS			
	CALDWELLM.D. Tobar	Malin	165 n: 61-	There .	1 hede
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	CALDWELLM.D. Johns	24D. LO	CATION (City,	town, or co	unty) (Stote)
REMOVAL (Specify)					0
	1				W.)
Remoral 1/26/65 Ler	roly Cometer	y ch	amberst	my,	Pa.
Remoral 1/26/65 Lin 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF		UNERAL DIRECTOR	amberst	- ltim	ADDRESS 17
Pennal 1/26/65 Lin 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF JAN 27 1965 Roberts	7	UNERAL DIRECTOR	anberst a Sono nor	altimo	ADDRESS or mod. 17



CE 00E0 .	BALTIMORE CITY	HEALTH DEPARTMENT		CE ODEO
BIRTH NO. 65 0959	CERTIFICA	TE OF DEATH	Registered Na	65 0959
1. NAME OF DECEASED (Type or Print)  ANDREWS,	WILLIAM FREDE	RICK 2. DATE A	ND HOUR OF DEATH	11:20 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE INT	ere deceased lived. Il in:	stitution: residence before admission)
FULL NAME OF (If not in hospital or institut	ron, give street			15-13
INSTITUTION oddress or location)	HOSPITAL OR oddress or location) INSTITUTION		utside city limits, write R	(URAL and give township)
		D. STREET ADDRESS (I	f rural, give location)	
ST AGNES HOSPITAL		4311 REIS	TERSTOWN RE	0. 15
	RIED, NEVER MARRIED	B. DATE OF BIRTH 10-18-98	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Self employed - Tire Repar	ir and Recapping	Baltimore Cou	ntv. Md.	U.S.A.
CHARLES Andrews	The state of the s	CAROLYN Hahr		
A STATE OF THE STA				
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or doles of serv	SECURITY NO.	17. INFORMANT		Reisterstown Rd.
Yes World War I	213-03-5451	Mrs. Lydia N.	Andrews Bal	timore, Md. 21215
DISEASE OR CONDITION DIRECTLY	CAUSE	P DEATH		ONSET AND DEATH
LEADING TO DEATH	(A)	inci romonlo si		
(This does not mean the mode of dying, heart foilure, asthenia, etc. It means the dise		0 -		
injury or complication which coused death.)  ANTECEDENT CAUSES	(B) C	a of Prost	U	
DISEASES OR CONDITIONS, if ony, gi	DUE TO		48. <b>19. de</b> a 0000 menemento en 1000 menquento 20	PATRONO   TO 00000 000 0 00 0 0000 00 0000 000
rise to the above cause (A) stoting	-			
UNDERLYING CONDITION last.				
O OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING			
O OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		Too A AMERICAN (V. A	1 1 000 10 100	
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	JSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact lacotion)
OF INJURY  Manth (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY (APPROX.)	While At Work At Work			
22. I certify that (1) (this haspital) attend	ed the deceased fram	12-4-	19 64 10 1-2	5 - 19 65
that (I) (we) last saw the deceased alive	on 1-25-	19 65 and t	hat in (my) (aur) opir	nian deoth occurred on the date
and haur and fram the causes stated obay	ve. (I) (We) (did) (did nat) v			
23A. SIGNATURE				23B. DATE SIGNED
EDILBERTO BELTI	RAN		Phys. 💢	1-25-65
23C. PHYSICIAN'S NAME (Type) Ediphert	Bolton M.D.	ST AGNES HO	SPITAL, BA	LTO.29, MD.
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specily)	C. NAME OF CEMETERY OF CRE	MATORY 24D.	LOCATION ICIT	ty, lawn, as county) (State)
Burial 1/28/1965	Druid Ridge Ceme	tery Pil	kesville, Md.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NA.	ME OF REGISTRAN	25C. FUNERAL DIRECTO	OR O	Baltingres mes
VS 150-REV. 1/1/65	n c. namenint	wm. J. Jeckr	introno 1	with a Pa avenua
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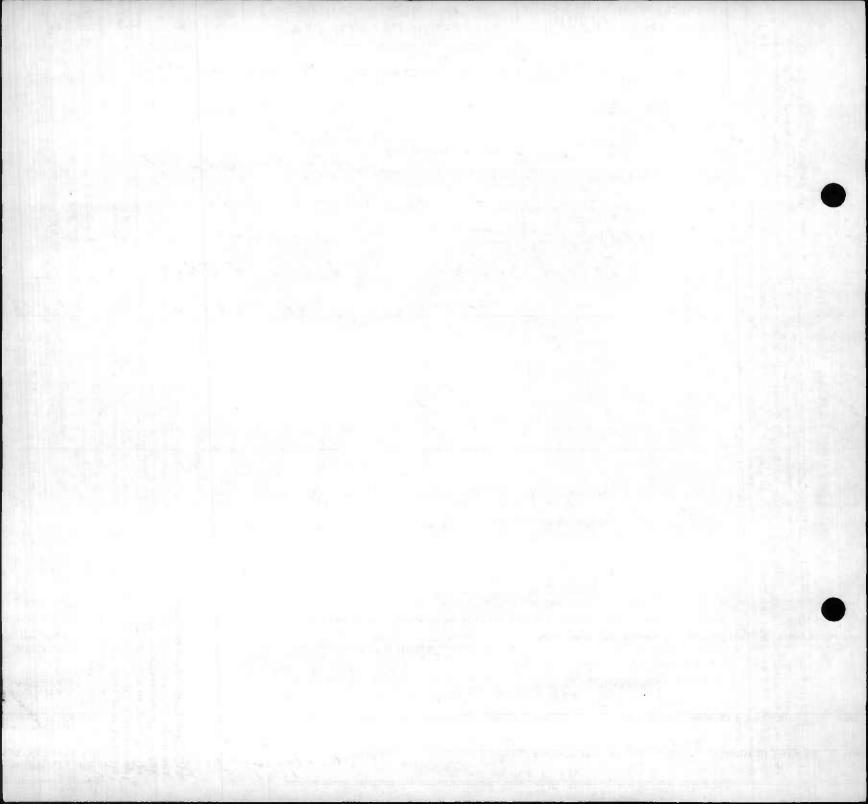


## FUNERAL DIRECTOR: IMPORTANT

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

			Bu	ALTIMORE CITY	HEALTH DEPARTMENT		65 0060
BIRT	н но. 65	0960	C	FRTIFICA	TE OF DEATH	Registered Na.	65 0960
	AME OF DECEASE	D				AND HOUR OF DEATH	
	e or Print)	Chan	Time	P. Gol		Tan 7.7 19	9161
3. P	LACE OF DEATH	IN BALTIMORE, MAR	YLAND	, 6-01	4. USUAL RESIDENCE (W		nstitution: residence before admission)
					A, STATE B. CO	UNIY	2411
	OSPITAL OR	(If not in hospital a oddress or location)	institution, give stree	f	C CITY OR FOWN (III	auteida city limite write	RURAL and give township)
5	NSTITUTION				BUITIMES		AOAAL ollu give lowliship?
5	1 71	PUT.	P	11. it.	77 65 7	(If rural, give location)	
	Doulh,	pa1/1407-6	General	Mosfiles	1412 8	exulle	4
5, S	EX 6, R/	ACE	MARRIED, NEVER		8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min,
	F	14	WIDOWED, DIVOR	ow ed	Fab 16 1906	lost birthday)	Months Days Hours Min,
			OB KIND OF BUSINE		11, BIRTHPLAGE (State or f		12. CITIZEN OF WHAT COUNTRY?
don	during most of working	1			Man	land	1/ C D
13.	FATHER'S NAME	0 9			14. MOTHER'S MAIDEN	NAME	U. J. 17.
		4	Carre	. 3	M.	n TV	
15.	Was Deceased Ever	in U. S. Armed Force	os?   16. soc	IAL	17 INFORMANT	MAINI	ewicz ADDRESS
(Ye:	s, no or unknown) (If y	res, give war or dates	of service) SEC	URITY NO.	01 ' -1	0	
	NO		220-	01-5231	Christing	Gregor	JK 1344 Pudre ST
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		R CONDITION DIRE	CTLY	0	n man (	Toolusier	~ Unediate
	(This does not m	neon the mode of		DUE TO	600000		
		enio, elc. Il meons plion which coused		0-	. 4	-11 41	n" 5 4 mm
		CEDENT CAUSES		(B) Crops	is selecoli	a Heart he	lineare 3-4 years
	DISEASES OR	CONDITIONS, if o	ny, giving	DUE TO			/
	rise to the a	bove couse (A)		(C)			
	UNDERLYING CO	ONDITION TOST.					
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ATIO	TO THE DEATH	H BUT NOT RELAT	ED TO THE	Rec	alors 1	cecen	7
FIC	19A. DATE OF OPE	RATION 198 CONE	TON FOR WHICH	PERATION	20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED
ERTIFIC	0	WAS PERF	DRMED		no	IN CERTIFYING CA	OSES OF DEATH!
Ü	21 A. ACCIDENT W	AS UNDERLYING	21B. PLACE	OF INJURY (e.g., in	fice bldg., INJURY OCCUR	(If in Boltimor	re City, give exact location)
CAL	DEATH (notify med		etc.)				
EDI		onth) (Doy) (Year)	(Hour) 21E. INJURY	OCCURRED	21F. HOW DID	NJURY OCCUR?	
2	(APPROX.)		White At Work	Not Whit	e 🗍		/
	22 I cartify that	(1) (this bosnital)	ottended the dece		6/14	19/2/10	1/23 1065
		sow the deceased	,	//5	19 6 5 ond	*het In (my) (my) en	inian deoth occurred on the date
				1.15(1)			inian death occurred on the date
	23A. SIGNATURE	m the couses store	A (1) (me) (	aia) (afa uot) A	lew the body ofter deot	n.	23B, DATE SIGNED
	-/7	torn, L	Derlel	M.D. Atte	ending Med.	Stoff -	1/56/65
	23C. PHYSICIAN'S			Phy	s. Director 23D. ADDRESS ;	Phys. 🗀	1100
	NAME (Type)	DR. HA	RRY DE	=1BEL	1326 4	move Bo	- Bulto 30 Mo
244	BURIAL CREMAT	ION 248 DATE	DAC NAME of	DEMETERY OF CRE	/ O O / V I	LOCATION (C	
1	REMOVAL (Special	(y) / -/				LOCATION (C	City, town, or county) (State)
25.	BUY121	1/2/1			emetery y	onne Hrun	def 11d,
25A	DATE REC'D BY	2.7 1965	25B. NAME OF REOLS	They MA	25C. FUNERAL DIRECT	2. STEVENS	Funeral Home, In
	JAN	21 1300 (	wood -		150	of E. For	rt Ave,
VS	150-REV. 1/1/65						



VS 151-REV. 1/1/65

MARIE BROWN BELLEVILLE TO A PROPERTY OF THE STATE OF Little Co. mathematical receives Network 1222 - 1221 - 1221 

	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the	4
	to contribut to contribut Undetermined vas in regular	position is made
FUNERAL DIRECTOR: IMPORTANT	Also, if the dire- e of any kind; (4) counced death v attendance on th	written annivoral must be obtained hefore the remains are embalmed or find disposition is made.
DIRECTOR:	icial examiner.  13) A fractur.  14) A fractur.  15) A fractur.	Indiae are ambal
FUNERAL	by the chief med pital by a medi re; (2) Body bur where the physician v	hotoro she rea
	used to the hosp ent of any natu spital (except death); and (6)	ourse he obtained
	is certificate mu to body was refer lows: (1) An accid as D.O.A. at a ho	ritton annoved a
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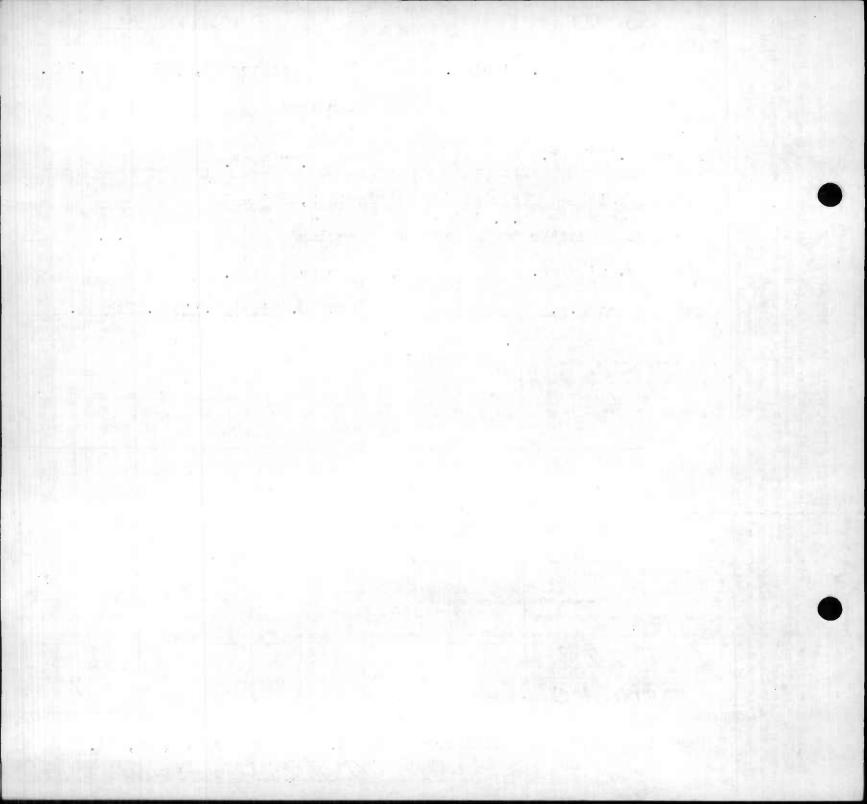
07	100	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 0962
BIRTH NO. 65 09	706	CERTIFICA	ATE OF DEATH	Registered Na.	2000 00
NAME OF DECEASED (ype or Print) Weed		JOHN L. WEE	HA.		55 11:55 p
CERTIEICATE C.C	MORE MARTLAND PRECIED In hospitol or institut s or locotion)	2-2-65 ion, give street	A. STATE B. COUNT  A. STATE  A. COUNT  A. STATE  B. COUNT  C. CITY OR TOWN (If out:	TY side city limits, write RUR	n no
Lutheran Han	1	of Marylanor	2110 ALLETTA	urol, give locotion)  AUE	21227330
Male ahi	Dur	RIPD. NEVER MARRIED		ost birthdoy) 63	f Under 1 Yr. If Under 24 F Northsi Doys Hours Min.
OA. USUAL OCCUPATION (Give one during most of working life, ev. Carpenter Retire	en if retired)	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or foreign	gn country)	2. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	AE	
John L	Weedon			Ethel Foste	r
5, Was Deceased Ever in U. S. Yes, no or unknown) (If yes, give	Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		218-12-6389	Mrs. Mary T. Wee	edon-2110 A11	etta Ave-21227
DISEASE OR CONI LEADING T	O DEATH		ULLINIA OM	d anun	INTERVAL BETWEEN ONSET AND DEATH
injuly of camplication wh  ANTECEDEN  DISEASES OR CONDIT  rise to the above of UNDERLYING CONDITION	T CAUSES IONS, if any, gi ause (A) sloling	VIDO	preumenia e.va		
O THE SIGNIFICANT CONTO	NOT RELATED TO	JTING THE		75	
194. DATE OF OPERATION	198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	DINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAI DEATH (notify medical example)	USE OF	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID office bidg., INJURY OCCUR?	(II in Baltimore C	ity, give exact location)
OF INJURY (APPROX.)	oy) (Yeor) (Hour)	While At Not Wh		URY OCCUR?	
that (1) (🖚) last saw th	ne deceased alive		- 23.19 6 and the view the bady ofter death.	at in(my) (ठ००) apinio	in death accurred an the
	15 x		Itending Med. Director	Stoff Phys.	1-23-65
23C. PHYSICIAN'S NAME (Type)	iroos	, M.D	23 D. ADDRESS		
REMOVAL (Specify)		C. NAME of CEMETERY of C	REMATORY 24D. LC		town, or county) (State
Burial		Lorraine Park Co		odlawn, Mary	
25A. DATE REC'D BY HEALTH JAN 27		ME OF REGISTRAN  WE SE Tarkey M. N	25C. FUNERAL DIRECTOR Howard H. Hubb		ADDRESS

VS 150-REV. 1/1/65

Birth Certificate B-18524 - 1901 M.H. 2-2-65

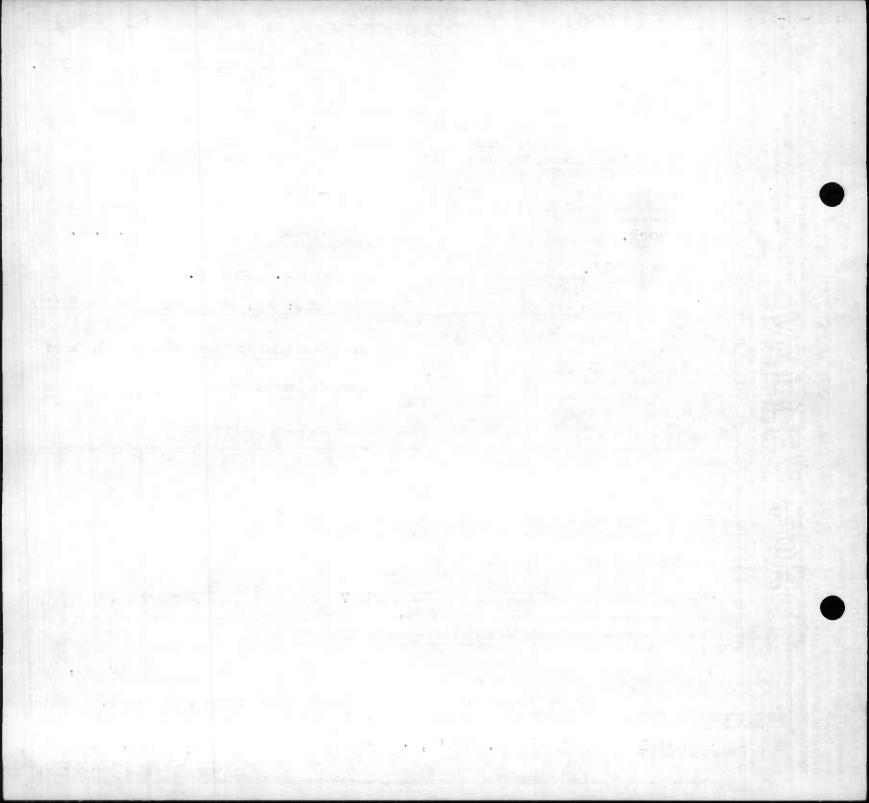
8-18524

05 0000	BALTIMORE CITY	HEALTH DEPARTMENT		65 0000
MRTH NO. 65 0963 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	00 0363
1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
	Brien.	Janua	ry 25. 1965	1 6.55A. M
James H. 0 1 F. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived. If instity	tution: residence before odmission)
FULL NAME OF (If not in hospital or institution HOSPITAL OR oddress or location) INSTITUTION	, grve street	C. CITY OF TOWN (If outsi	ide city limits, write RUI	RAL ond give township)
700 11 0711 71		Baltimore D. STREET ADDRESS (IF TO	rol, give location)	1200
502 W.27th St.		502 W.27th	St.	
5. SEX 6. RACE 7. MARRIE	D, NEVER MARRIED	B. DATE OF BIRTH 9.		If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Male White Marr				Admin's Doy's Hours 174m.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND	OF BUSINESS OR INDUSTRY	April 2 1893	n country)	12. CITIZEN OF
	Linder			WHAT COUNTRY?
Retired Tool DresserStee	el Erection	Maryland		U.S.
13. FATHERS NAME		14. MOTHERS MAIDEN NAM	E	
James H. O'Brien.		Monaganat Ca	20.20	
15. Was Deceased Ever in U. S. Anned Forces?	1 6. SOCIAL	Margaret Sa	DD.	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.			
yes 1st W.W.		Retta W. O'B	rien.502 W	.27th St.
18. / 2 X 1	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	2	remoma of s	0 1	ONSET AND DEATH
LEADING TO DEATH	(A) Ca	comoma of t	The Juna	7 mos
(This does not meon the mode of dying, e.g. heart failure, asthenia, etc. It means the disease injury or complication which coused death.)	DUE TO		اح.	
ANTECEDENT CAUSES	(8)			
	DUE TO			
DISEASES OR CONDITIONS, if ony, givin				
UNDERLYING CONDITION lost.	(0)	***************************************		
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Z OTHER CICHICICANT CONDITIONS CONTRIBUTE	NG THE			
U 19A. DATE OF OPERATION 198. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No)		IDINGS CONSIDERED
OF THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 12			IN CERTIFYING CAUS	ES OF DEATH?
OR CONTRIBUTING CAUSE OF	1 B. PLACE OF INJURY (e.g., i ome, form, foctory, street, o tc.)	ffice bldg., INJURY OCCUR?	(If in Boltimore C	City, give exact location)
Q 21D, TIME (Month) (Dov) (Year) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	Vhile At Not While			
V	Vork At Work			
22. I certify that (I) (this heeptal) attended		12-30 19	69 to ) -	25 1965
that (I) (wa) last sow the deceased alive on	1-24	19 6 5 and that	in(my) ( <del>our)</del> opinio	on death occurred on the date
ond hour and from the couses stated above.	(1) (M-) (4:4) (4:4)			
23A. SIGNATURE	(i) (me) did) (damai) (	new the body offer deoff.	la la	3 B. DATE SIGNED
alful ossma	M.D. Atte	ending Med. S	toff hys.	1-26-65
NAME AVERTER G. OSS	man Jr M.D.	23D. ADDRESS 1010 St	Paul S	+ BallozMd
24A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify)	NAME OF CEMETERY OF CRI	EMATORY 24D. LO	CATION (City,	town, or county) (State)
Burial 1/28/65 Ba	ltimore Nati		ederick Ro	ad Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	1	ADDRESS
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VS 150-REV. 1/1/65				



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	e approved by the chief medical examiner or his assistant if death of to the hospital by a medical examiner. Also, if the direct or co of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undete	tal (except where the physician who pronounced death was in r
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1147000	11	TH NO. 65 E. CASE NO.	0964		CERTIFICA	TE OF D		Registered No.	
deatl and deatl	1. f (Ty	Pe or Print)	Roberts				January	24, 1965	12:30 A.
d in a hospit ng cause of cause; (5) De attendance		PLACE OF DEATH II FULL NAME OF HOSP)TAL OR NSTITUTION	(If not in hospita) address or locoho Baltimore 4940 East Baltimore	or institution, go a City Ho Gern Aver	sptials nue	A. STATE  Maryl  C. CITY OR TO  Balti  D. STREET ADD	B. COUNTY and wn (If outside	e city limits, write	RURAL and give township)
- 20 D	5.	SEX 6. RA		7. MARRIED. I	NEVER MARRIED	B. DATE OF BIR	TH IO	AGE (In years	If Under 1 Yr., If Under 24 H
occurred intribution regular assed pri		Female	White	WIDOWED,	DIVORCED (specify)	4-4-1	.887	birthdox 77	Months Doys Hours Min.
nde de	dor	ousework.	g life, even if retired)		BUSINESS OR INDUSTRY	Mary	rland	country)	12. CITIZEN OF WHAT COUNTRY? U. S. A.
T if do (4) U (4) U the the isposi	13.	FATHERS NAME				14. MOTHER'S	MAIDEN NAME		
d; (4 disp	15	Alfred H		2027	1 6. SOCIAL	Emm	a L. Bu	rkins.	ADDRESS
SRTANI assistant if the dia ty kind; (ad death lance on r final di	(Ye	s, no or unknown) (If ye	es, give war ar date	es of service)	SECURITY NO.			/9/0 Eas	tern Avenue #21224
s ass any ced ndan or fi	1	18. 44 9 0	no O I		CAUSE	OF DEATH	DET 2011.	4/40 200	INTERVAL BETWEEN ONSET AND DEATH
xaminer or hi aminer. Also A fracture of who pronoun regular after		(This does not ment of failure, as the injury or complicated ANTE	enia, etc. It means tion which caused CEDENT CAUSES ONDITIONS, if	dying, e.g., the disease, death.)	(A)		oscleroti	c Heart D	
FUNERAL DIRE to chief medical ex by a medical ex 2) Body burns; (3) e the physician physician ore the remains a	ERTIFICATION	OTHER SIGNIFICANTO THE DEATH	II BUT NOT REL	CONTRIBUTING	(C)				
Chief chief Body the ysici	RTIFIC	19A. DATE OF OPER	RATION 198. CON WAS PER	IDITION FOR W	HICH OPERATION	20 A. AUTOP	No No	OB. IF YES, WERE N CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
Pope Spe	AL C	OR CONTRIBILITING	CAUSE OF	21 B. I home etc.)	PLACE OF INJURY (e.g., e, lorm, foctory, street, c	in or obout 21 C. W office bldg., INJUR	HERE DID Y OCCUR?	(If in Bo)timo	ore City, give exoct location)
ed by nospi ature (6) r	MEDIC	21 D. TIME (Mor OF INJURY (APPROX.)	nth) (Day) (Yeor)		INJURY OCCURRED  Not Whi At Work	le C	OW DID INJUR	Y OCCUR?	
be approsed to the nt of any pital (except); an ust be obt		that (1) (we) lost	saw the decease	ed olive on	deceosed from Al January 24, (We) (did) (did not)	19 65		64 to Jan	pinion death occurred on the d
e muss releas accide a hos va hos		23C. PHYSICIAN'S	Julia	IR/I	rever Ph	ending /s. / [	Med. Sta Director Ph	off ys. X	January 24, 1969
certificate m sody was reliss (1) An acci D.O.A. at a b assed prior to	24.	A. BURIAL CREMATIC REMOVAL (Specify	Julius ON, 248. DATE	Krevan:	ME OF CEMETERY OF CR		Eastern A		Saltimore, Maryland City, town, or county) (State
bod ws: (S D.C)		Burial	1/27/	25B. NAME O	7 /	den 25C FUNER		Roland	Ave, Balto Md
The the shoet was deed	VS	JAN 150-REV. 1/1/65	27 1965 (	Robert &	tarbey M.A	Oluste	N6.h.	onecun	-3818 Molanga



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(4) Undetermined

hospital

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where occased lived, If institution: residence before admission)
A. STATE
B. COUNTY RESNICK VICTOR 3. PLACE OF DEATH IN BALTIMORE MARYLAND Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) miveriety Haxaeta prior D. STREET ADDRESS (If rurol, give location) crescions disposition is made. 5. SEX 6. RACE 8. DATE OF 9. AGE (In years MARRIED, NEVER MARRIED SIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours i Min. Hours WIDOWED, DIVORCED (specify) ost birthdoy 1 Hacerea 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) 115A Quelrea Brech 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME S. Was Deceased Ever in U. S. Armed Forces 1 6. SOCIAL ADDRESS final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 0 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not meon the mode of dying, e.g., embai hearl failure, asthenia, etc. It means the disease, injury or complication which coused death.) regul ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoting the (C) UNDERLYING CONDITION last. remains CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION CERTIFI WAS PERFORMED before 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exoct location) OR CONTRIBUTING CAUSE OF CAL DEATH (notily medical examined etc.) MEDI obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) Work At Work 1964 to Jan. 22. I certify that (1) (this hospital) attended the deceased from... Jak .19 65 pe that (1) (we) lost saw the deceased olive on.... ond that in (my) (our) apinion death accurred an the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 238, DATE SIGNED Attending Phys. Med. Stoff Director approval Phys. 23C. PHYSICIANTS NAME Type 23 D. ADDRESS S M.D. Barry Robenbaum N. 24A. BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY LOCATION or CREMATORY (City, town, or county) \$3totel REMOVAL (Specify) written 258 NAME OF REGISTRAR ADDRESS 2SC. FUNERAL DIRECTOR V\$ 150-REV, 1/1/65

## IMPORTANT DIRECTOR: FUNERAL

Registered No .\_ BIRTH NO. ERTIFICATE OF DEATH M.E. CASE NO. Such af death Deceased 2. DATE AND HOUR OF DEATH (Type or Print) uo 3. PLACE OF DEATH IN BALTIMORE, MARYLAND hospital death. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) ance B. COUNTY A. STATE (2) cduse (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) CITY OR TOWN (If outside city limits, write RURAL and give township canse; attend 0 INSTITUTION 0 pridr D. STREET ADDRESS contributing give Incation accurred Undetermined regular mad 7. MARRIED, NEVER MARRIED 9. AGE (In veors Il Under 1 Yr. Months: Doys 5. SEX deceased WIDOWED, DIVORCED (specify) lost birthdoy) 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition death done during most of working lile, even if retired) = alegres MOS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct (4) ar his assistant if death LO kind; 15, Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL ar final (Yes, no or unknown) (If yes, give wor or dotes of service) 7581 SECURITY NO. attendance any CAUSE OF DEATH pronaunced DISEASE OR CONDITION DIRECTLY Also, embalmed af LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., hearl failure, asthenio, etc. It means the disease, the chief medical examiner regular examiner. injury as complication which caused death.) ANTECEDENT CAUSES wha are DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the physician UNDERLYING CONDITION lost. the remains medical Was burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 8 before 2 OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (II in Boltimore City, give exact location) where ta the haspital å MEDICAL DEATH (notify medical examiner) etc.) nature; by abtained (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY be approved (except While At Not While (APPROX) Work At Work death); and any 22. I certify that (I) (this haspital) attended the deceased from 2 3 - 19 and that in (my) (our) apinian death accurred an the date pe that (1) (we) last saw the deceased alive an jo hospital refeased and haur and fram the causes stated above. (1) (We) (did not) view the bady after death. must accident 23A. SIGNATURE 23 B. DATE SIGNED certificate must Attending [ M.D. Med. Stoff 10 written appraval Phys. Director 0 23D, ADDRESS 23C, PHYSICIAN'S prior 10 NAME (Type) the body was An M.D. O.A. eceased 24A. BURIAL CREMATION, 24B. 240, NAME of CEMETERY, or CREMATORY 24D. LOCATION **REMOVAL** (Specify shows: MOS 250 FUNERAL DIRECTOR Ď VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

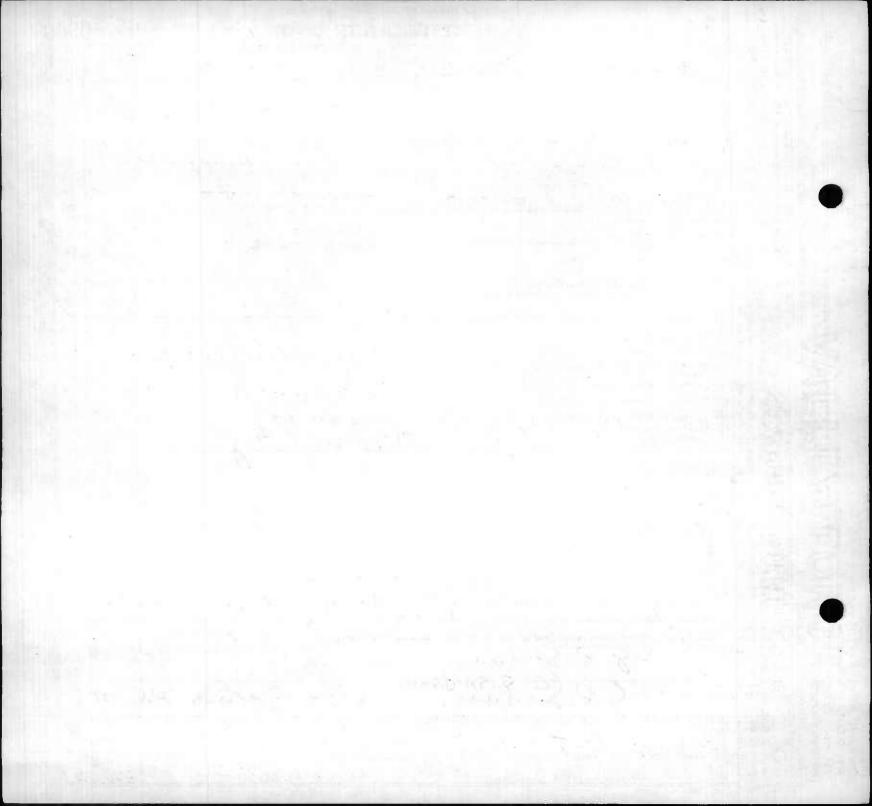
Il Under 24 Hrs.

Hours

ONSET AND DEATH

(State)

WHAT COUNTRY?

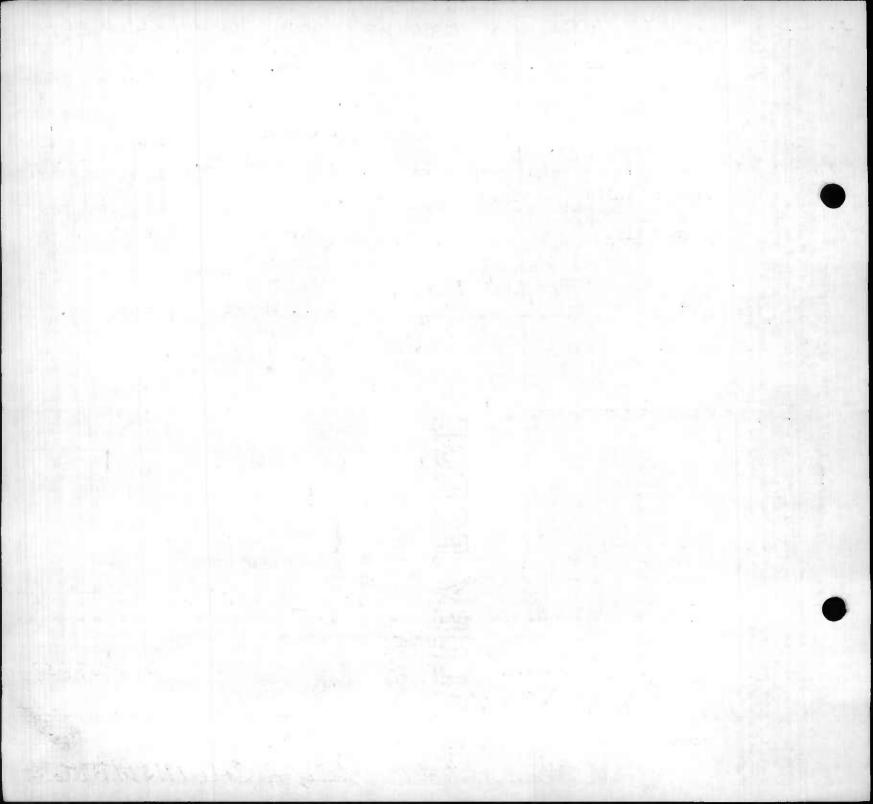


prior to death. Such

			BALTIMORE CITY	HEALTH DEPARTMENT		
M.E. CASE NO.	65 0967		CERTIFICA	TE OF DEATH		65 0967
1. NAME OF OEC			2		AND HOUR OF CEATH	
	Martha H		scn-	Jan.	23, 1965	٨
	ATH IN BALTIMORE, MAR			A. STATE  Md.	here deceased lived, if i	institution: residence befare admission
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital a address or (acation)	r institution,	give street		outside city limits, write	RURAL and give township)
)				Baltimo		
4920 0	Curtis Ave.			0. STREET ADDRESS 4920 Cur		
5. SEX	6. RACE		NEVER MARRIED	B. OATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs
Female	White	Widon		Nov. 1,1870	lost birthdayl	Months Oays Hours Min,
done during most of	working (ife, even if retired)	08, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo		12. CITIZEN OF WHAT COUNTRY?
House				German		USA
3. FATHER'S NAM	WE			14. MOTHER'S MAIDEN N	AME	
	U	nknow	1		Unknown	
5. Wos Deceosed	Ever in U. S. Armed Forc	es?	1 6. SOCIAL	17. INFORMANT	0111110 1111	ADDRESS
Yes, no ar unknown	(If yes, give wor or dates	of service)	SECURITY NO.			
no			none	Alberta M. Ti	homas 4920	Curtis Ave.
DISEASES (rise to the UNDERLYING	not mean the mode of osthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a bobve cause (A) G CONDITION lost.	the disease, death.)  ny, giving stating the	(8) (C) (C)	re ma		
	OPERATION 198. CONE	ITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTE	NT WAS UNDERLYING DING CAUSE OF medicol exominer	21 B. hom etc.	e, farm, foctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltima	re City, give exact lacotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED  ile At  Not While  At Whork		NJURY OCCUR?	
that (I) (we) and hour and 23A. SIGNATU 23C. PHYSICA NAME IT	INS. Her	olive on ( od obove from  On  On  ON	(Ma) (did) (did par) M.D. Att. Phy	ond view the body ofter death ending Med. Director 230. AODRESS	Shoff Phys.	Dinion death occurred on the dispersion of the d
24A. BURIAL CRE REMOVAL (	Specify)	Lor	ame of CEMETERY of CR	В	altimore	City, town, ar county) (State)
25A. OATE REC'D	1/N 9 7 1065	DO B	of REGISTRAR	29C. FUNERAL DIRECT	(00)1	9131/13 HT 9

Lorraine
25B. NAME OF REGISTRAR
Robert E. Farbutta

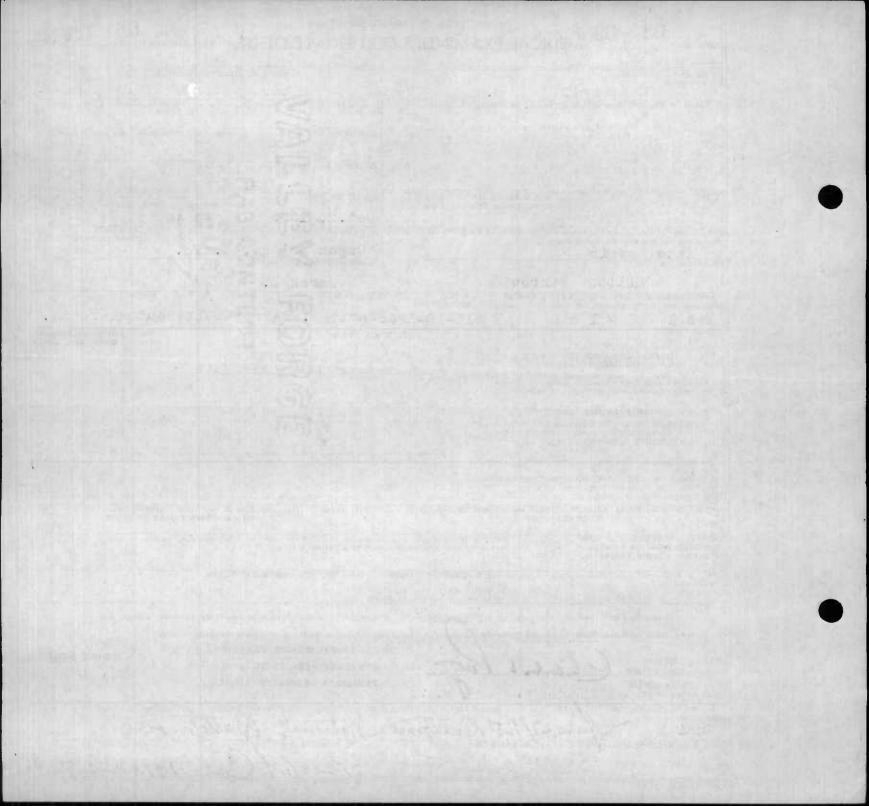
VS 150-REV. 1/1/65



VS 151-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

H. BARROW January 23, 1965 12:  7. PLACE IN BALTIMORE MARTLAND, WHERE PRONOUNCED DEAD  1. PLACE IN BALTIMORE MARTLAND, WHERE PRONOUNCED DEAD  1. PLACE IN BALTIMORE MARTLAND, WHERE PRONOUNCED DEAD  1. A STATE MARTLAND, WHILE BURLAL OR INSTITUTION, CIVE STREET  1. A STATE MARTLAND OR PRODUCT OF STREET  1. A STATE MARTLAND OR PRODUCT OR STREET  1. A DATE OF BATH	. NAME OF DECE	ASED				2. DATE AN	D HOUR PRONOUNCE	ED DEAD	
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Control   Cont	IIII NAME OF	IE NOT IN HOSPITA	U OR INSTITU	TION CIVE STREET	Mar				
Union Memorial Hospital    D. STREET ADDRESS (III urid., give locoton)	OSPITAL OR	ADDRESS OR LOCA	TION)	TION, GIVE SIKEEI			e corporote limits, write	RURAL	nd give township)
SEX   S. RACE   T. MARRIED, NEVER MARRIED   S. DATE OF BRITH   S. AGE (in years   If Under 1 Yr.	3111011011							de	
SEX   S. RACE   Male	Union	Memorial Hos	pital						
Male White A. USUAL OCCUPATION (Circ kind of weak)  A. USUAL OCCUPATION (Circ	a Bu		I 2 14 1 2 2 1 2 2					Trans	3 8 1/ 11 1 0/
AUSUAL OCCUPATION (Give kind of work) 108. RIND OF BUSINESS OR INDUSTRY 11. BETHPLACE (State or foreign country)  Autor Repair  Autor Repair  Industry Management (Falled)  Autor Repair  Industry Management (Falled)  Autor Repair  Industry Management (Falled)  Industry Managem							lost birthdoy)		
Capon Bridge, W. Va.    Capon Bridge, W. Va.			TOP WIND OF	BURNIES OF INDUSTRY	Uct.2,	1899			21
AMOTHER'S MAME	one during most of wo	rking lile, even if retired)	IUB. KIND OF	BONNESS OK INDUSTRE				WHA	AT COUNTRY?
Milton Barrow  Was Deceased ever in u.s. armed forces?  ex, no or unknown/(if yes, give wer or dotes of service)  SECURIT NO.  216-10-1958 Marie A. Barrow 3912 Southclare.  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying e.g., head follow, costherin, etc.). Il meons the diseases, injury of complication which coused death.)  ANTECENDENT CAUSE  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITION CAUSING IT.  (C)  21 A EYERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTION  (C)  21 A EYERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTION  (C)  21 A DATE OF OPERATION  (D) THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING IT.  (C)  21 A DATE OF OPERATION  (D) THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING IT.  (C)  21 A DATE OF OPERATION  (D) THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING IT.  (C)  22 A EYERNAL CAUSE WAS  UNDERLYING OR CONTRIB-  UNDERLYING OR CONTRIB-  UNDERLYING OR CONTRIB-  ON OR OF OPERATION  (Month) (Day) (Year) (Hour)  (For INJURY OCCUR?  (Month) (Day) (Year) (Hour)  (For INJURY OCCURRE)  (For INJURY	Auto R	epair							
ADDRESS SECULTY NO.  216-10-195 Marie A, Barrow 3912 Southclare  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying e.g., bend follows) which is meet death.)  Arteriosclerotic Heart Disease.  DUE TO  ANTECENDENT CAUSES  DISEASE OR CONDITIONS, IF ANY, GIVING BISEASES OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING TO THE DISEASE OR CONDITION COUNTRIBUTING TO THE DISEASE OR CONDITION CAUSING TO THE DISEASE OR CONDITION CAUSING TO THE DISEASE OR CONDITION CAUSING TO THE DISEAS			7 77 O 1872				で かい ショ		
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RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)				(B)					
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   NO   NO   NO   CERTIFYING CAUSES OF DEATH?  21A. EXTERNAL CAUSE WAS PERFORMED   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (if in Boltimore City, give exoct locotion)   10D   1	RISE TO THE	ABOVE CAUSE (A) ST	ATING THE						
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   NO   10A   10A	3			(C)					•••••••
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   NO   NO   NO   NO   NO   NO   NO   N	É								
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   NO   NO   NO   NO   NO   NO   NO   N	TO THE D								
NO    NO   IN CERTIFIED CAUSES OF DEATH:   If it is boblimore City, give exoct locotion)   NO   IN CERTIFIED CAUSES OF DEATH:   NO   IN CERTIFIED CAUSES OF DEATH:   NO   IN CERTIFIED CAUSES OF DEATH:   IT IS NOT WHILE AT A TOWN AND A	DISEASE OR			WHICH OPERATION	LOOA ALLTOPS	V2 (Vac as Na)	DOR IE VEC WERE EI	NDINGS C	ONGIDEBED
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  22. I certify that I held an Inquiry Inspection X Autopsy and that an this bosis, deoth In my opinion resulted from: Notural causes X Accident Suicide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER  ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Petty M.D.  ASSOCIATE MEDICAL EXAMINER  23C. NAME of CEMETERY or CREMATORY 123D. LOCATION (City, town, or county)	DATE OF C			WHICH OFERATION					
DUNDERLYING CAUSE OF DEATH.    CAUSE OF DEATH.   Cotory, street, office bidg., INJURY OCCUR?	21 A. EXTERNAL		21 B, 1	PLACE OF INJURY (e.g., i		WHERE DID	(If in Boltimare City, gi	ve exoct I	ocotion)
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OF INJURY (APPROX.)  22. I certify that I held an Inquiry Inspection X Autopsy and that an this bosis, deoth In my opinion resulted from: Notural causes X Accident Suicide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER DATE SIGNATURE EXAMINER'S NAME (Type) Charles S. Petty M.D.  34. BURIAL CREMATION, 238-MATE 23C. NAME of CEMETERY or CREMATORY; 23D. LOCATION (City, town, or county)	5		(Hout) 12	E INTURY OCCUPRED	2)E H	IOW DID INII	IPY OCCUP?		
Certify that I held an Inquiry   Inspection   Autopsy   and that an this bosis, deoth in my opinion resulted from: Noturol causes   Accident   Suicide   Hamicide   Undetermined manner	OF INJURY	(Joay) (Teor				. OT OID INT	0000k:		
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CHIEF MEDICAL EXAMINER DATE  SIGNATURE  EXAMINER'S  NAME (Type)  Charles S. Petty, M.D.  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  (City, town, or county)	I certif	fy that I held an I	nquiry .	Inspection X Aut					on
CHIEF MEDICAL EXAMINER DATE  SIGNATURE  EXAMINER'S  NAME (Type)  Charles S. Petty, M.D.  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  (City, town, or county)	resulte	ed from: Notural cau	uses X A	coldent) Suicide	Hamic	ide 🗌 🐧	Indetermined manne	er 🗌	
SIGNATURE  EXAMINER'S  NAME (Type)  Charles S. Petty M.D.  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  (City, town, or county)		01		//	CHIEF	AEDICAL EX	AMINER [		DATE SIGNE
EXAMINER'S NAME (Type) Charles S. Petty M.D.  ASSOCIATE MEDICAL EXAMINER [ 230. NAME of CEMETERY or CREMATORY : 230. LOCATION (City, town, or county)		RE CLO	la 8 /	215	ASSISTANT M	MEDICAL EX	AMINER E		1/23/65
NAME (Type) Charles S. Petty M.D.  3A. BURIAL CREMATION, 23B SATE   23C. NAME of CEMETERY or CREMATORY :   23D. LOCATION (City, town, or county)		R'S		1					1/25/05
	NAME (T	ype) Charles		• •	1111 Sec.				
	3A. BURIAL CREM EMOVAL (Specify)	ATION, 238 DATE	230	NAME OF CEMETERY O	CREMATORY :	23 D. L	OCATION (City,	town, or	county) (Stote
Burial Jan 27/96 Ballomore National Ballimore		your, 2	7.1968	Ballomor	e Malro	real !	Balline	ne	- 1
4A. DATE REC'D BY HEALTY DEPT. 24B. NAME OF REGISTRAR 74C. EUNERAL DIRECTOR ADDRESS	A. DATE REC'D B	Y HEALT DEPT.	24B, NAME	OF REGISTRAR	24C. EUNE	RAL DIRECTOR			ADDRESS



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	must be approved by the chief medical examiner or his assistant if death occurred in	released to the hospital by a medical examiner. Also, if the direct or contributing	iccident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined ca	a hospital (except where the physician who pronounced death was in regular at	to death); and (6) No physician was in regular attendance on the deceased prior

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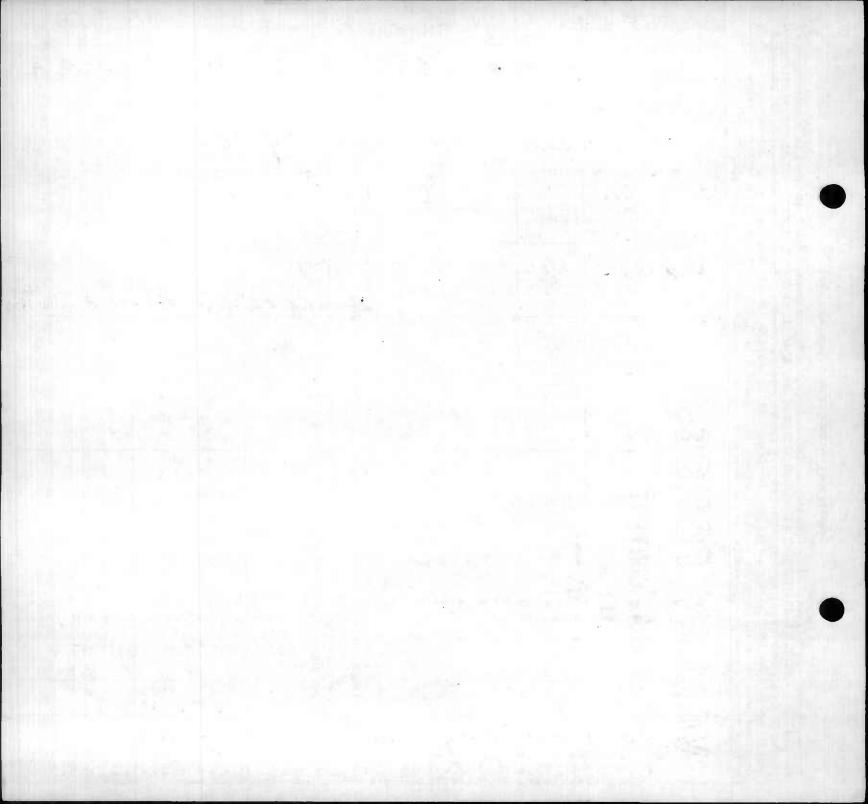
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. DATE AND HOUR OF DEATH YCZEW (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission) B. COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR (If outside city limits, write RURAL and give township) 7. MARRIED, NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. Hours : Min. 5. SEX 6. RACE Hours Months Doys WIDOWED, DIVORCED (specify) Fi married 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Mousew 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL (Yes, no or unknown) (II yes, give wor or dates of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED O 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY le.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, lorm, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF etc.) DEATH (notify medical examiner) MEDI (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While OF INJURY While At (APPROX.) Al Work Work 410 22. I certify that (1) (this haspital) attended the deceased from that (1) (we) lost sow the deceased alive on. ond that in (my), (our) opinion death accurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the bady ofter death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. M.D. Director Phys. 23C. PHYSICIAN'S 23 D. ADDRESS 203 Patapsco Avenue NAME (Type) M.D. Samuel Rubin Baltimore. 21225 Md. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specify) 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. ADDRESS VS 150-REV, 1/1/65



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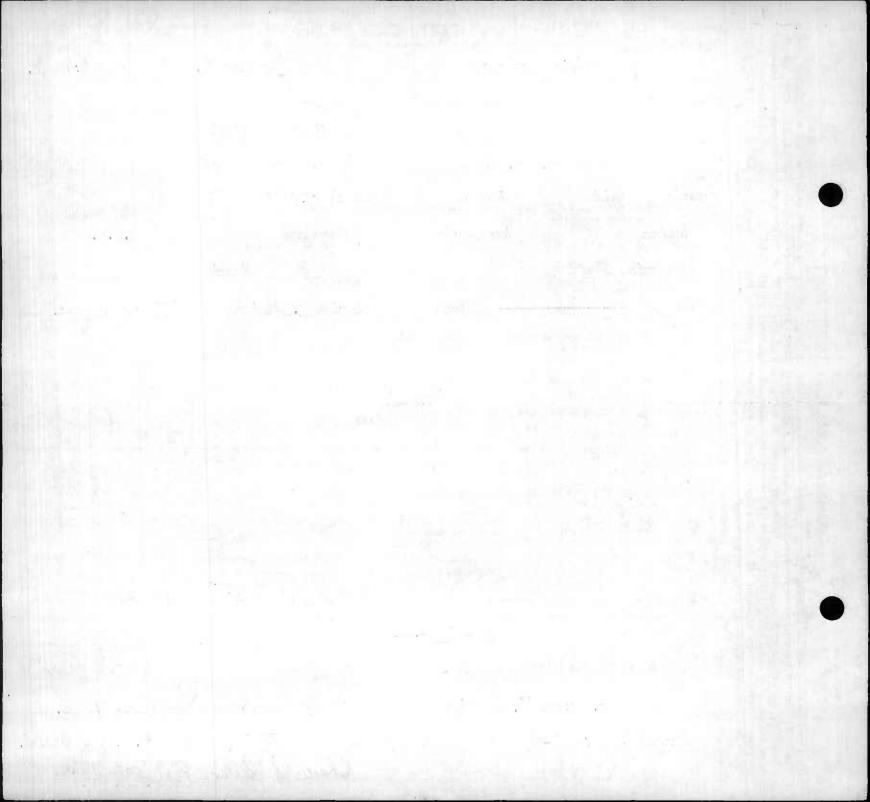
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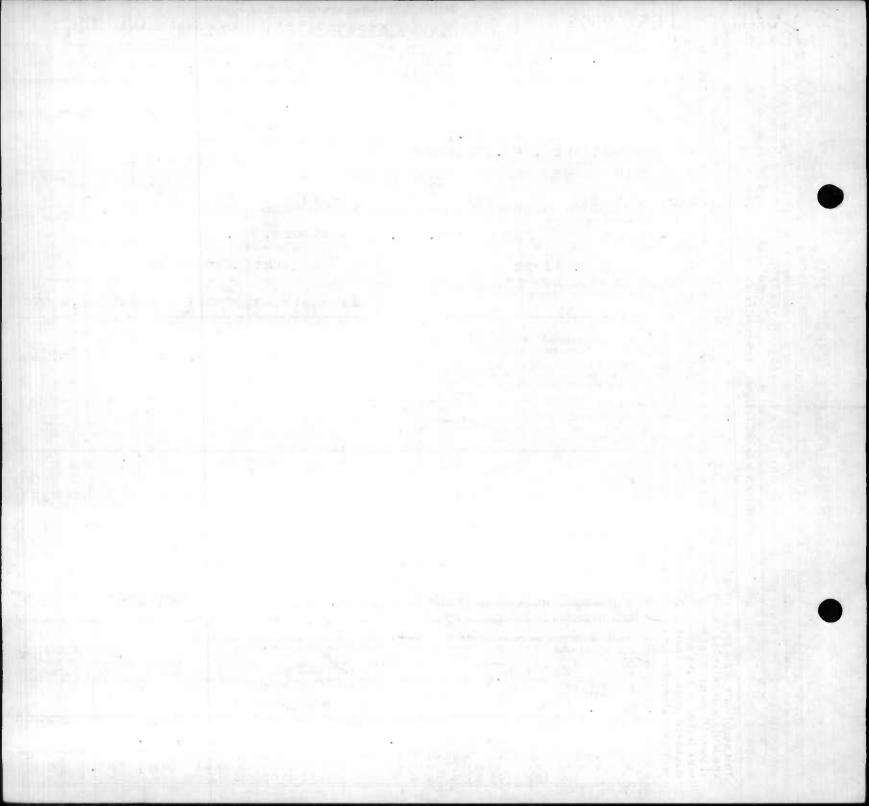
BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maruland FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street C. CITY OF TOWN oddress or location) (If outside city limits, write RURAL and give 433 Anglesea Street Analesea Street Baltimore. Md. 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 6. RACE B. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours Female White March 23. 188 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most al working life, even if retired) Retired U.S.A. Housework Maryland 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Benjamin Shott

15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (Iff yes, give was or dates at service) Resch ADDRESS 6. SOCIAL 17. INFORMAN SECURITY NO. No lesen INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the mode of dying, e.g., hearl failure, osthenia, etc. It means the disease, injury ar camplication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, the above cause (A) stoling the UNDERLYING CONDITION Iosi. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examined etc.) MEDIC. 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY White At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from 19 600 that (I) (we) lost sow the deceased alive on and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above. (1) (We) (did) (Utd net) view the body after death. 73A. SIGNATURE 23B, DATE SIGNED Attending Phys. Med. Director M.D. Stoff Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS rugene 24A. BURIAL CREMATION, 24B. OF CREMATORY 24C. NAME of CEMETERY REMOVAL (Specify 258. NAME OF REGISTRAR (R. Ose & E. Farley) emeteru FUNERAL DIRECTOR



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

05 0001	BALTIMORE CITY	Y HEALTH DEPARTMENT	0~
BIRTH NO. 65 0971 M.E. CASE NO.	CERTIFICA	ALE OF DEATH	gistered No. 65 0971
1. NAME OF DECEASED (Type of Print)  JOHN W	ILLIAM FISSE	January	25,1965   12:45 P M.
3. PLACE OF DEATH IN BALTIMORE, MA  FULL NAME OF (If not in hospital	or institution, give street	4. USUAL RESIDENCE (Where deceded, STATE B. COUNTY	osed lived. If institution: residence before admission)
HOSPITAL OR oddress or locotion INSTITUTION 2818 Maxef	ield Ave.,	c. CITY OR TOWN (If outside cit	y limits, write RURAL and give township)
	, Md., 21213		ve locotian) ield Avenue
5. SEX 6. RACE  male White  10A. USUAL OCCUPATION (Give kind of work	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  MATTIED 108, KIND OF BUSINESS OR INDUSTRI	9/23/1879 lost bin	5
done during most of working life, even if retired)  Pipe-fitter	Gas & Elec. Co.	Baltimore, Md.	WHAT COUNTRY?
13. FATHER'S NAME  John W. Fi	sse	14. MOTHERS MAIDEN NAME Margaret Am	enhauser
15. Was Deceased Ever in U. S. Armed For (Yes, no arunknown) (If yes, give war at date	ces? s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT Elizabeth Nagen	gast Fisse, wife, above
DISEASE OR CONDITION DIE  LEADING TO DEATH  (This does not mean the made of heart failure, asthenia, etc., It means injury or complication which caused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITION CAUSING ADDITION CAUSING	dying, e.g., the disease, death.)  (B) DUE TO  ONTRIBUTING TED TO THE	mo Carinona of J	ancreas 3 months.
	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B, IN C	IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
OR CONTRIBITING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in 01 obout 21C. WHERE DID Iffice bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)
DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year)  OF INJURY (APPROX.)	(Hour) 21E. INJURY OCCURRED  While At Not Whi Work At Work		SCUR?
22. I certify that (I) (this hospitel that (I) (we) lost saw the decease	d alive on Afm		ny) (our) opinion deoth occurred an the dote
23A, SIGNATURO  AMUS 6  23C. PHYSICIAM'S NAME (Type)	VI WULL Phy	lending Med. Stoff Phys. [23D. ADDRESS	23B. DATE SIGNED
Dr. James E. White		5214 Harford Road	AN (Gib) tours or
REMOVAL (Specify) Burial 1/28/6	Moreland Mem.		more, Md. (Stote)
JAN 27 1965	25B. NAME OF REGISTRAR Robert E. Farker M.M.	Schimunek Fune 3331 Brehms	ral Home, Inc.
VS 150-REV. 1/1/65			



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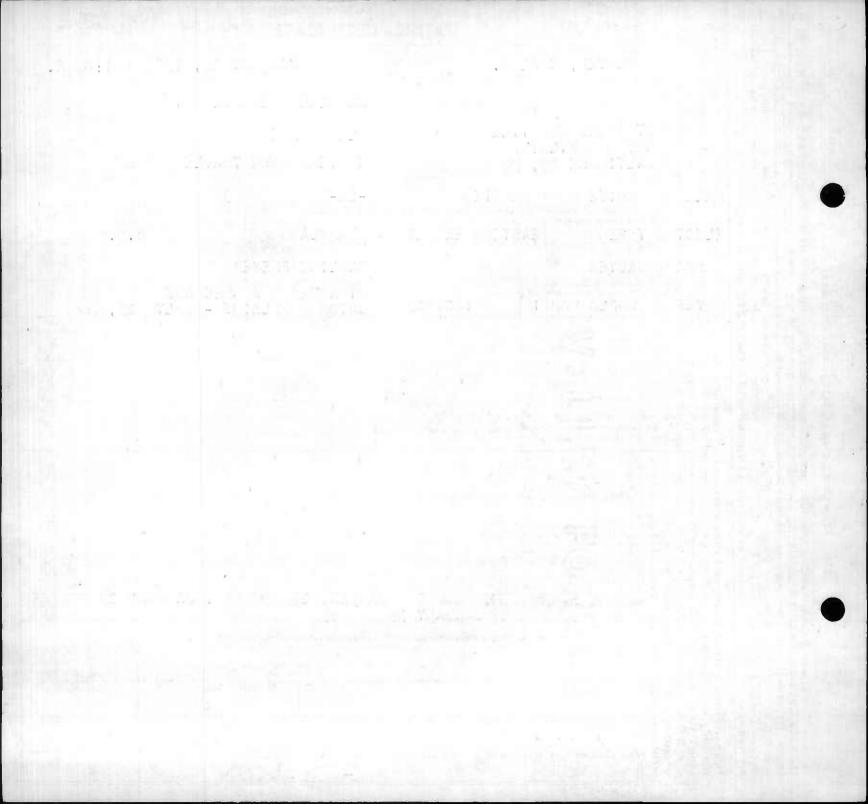
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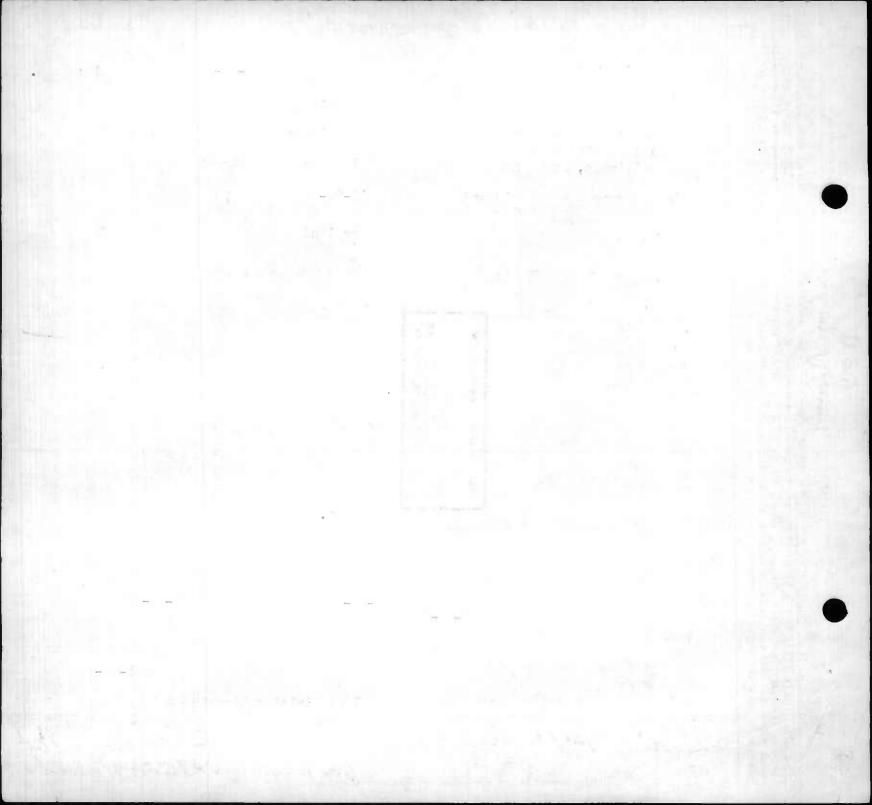
BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH pital and of death Deceased Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) LO SAUTER, CARL F. JANUARY 25, 1965 1:00 death. 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance (4) Undetermined cause; (5) MARXKAND PENNSYLVANIA FULL NAME OF (If not in hospital or institution, give street oddiess or location) HOSPITAL OR C. CITY OR TOWN (If outside city limits, write RURAL and give township) attend INSTITUTION 0 ST AGNES HOSPITAL ANGHORNE prior CATON & WILKINS D. STREET ADDRESS (If rural, give location) BALTIMORE EASTERN DAWN TRAILER PARK regular O 5. SEX MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. mag deceased WIDOWED, DIVORCED (specify) lost birthday Months Doys Hours MALE 8-22-95 69 disposition is 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Ξ done during most of working life, even if retired) ELECTRO TYPER EASTERN EXPRESS U.S. MARYLAND Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct FRANZ SAUTER PAULINE FREYER death LO 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANTES 6. SOCIAL ADDRESS or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. HOSP RECORDS attendance 182102393 WORLD WAR YES CATON & WILKINS - BALTO any CAUSE OF DEATH pronounced INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH OCARDIAL INFAI (This does not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease, examiner. regular injury or complication which coused death,) who ANTECEDENT CAUSES are 4 DISEASES OR CONDITIONS, if any, giving (3) rise to the above couse (A) stating the = (C) physician remains UNDERLYING CONDITION last. WOS burns; Ш ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE No physician DISEASE OR CONDITION CAUSING IT. the (2) Body CERTIFIC the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? where 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF to the hospital DEATH (notify medical examiner) any nature; MEDIC obtained 21 D. TIME 9 (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (except While At Not While (APPROX.) and Work At Work JANUARY JANUARY 22. I certify that (1) (this hospital) attended the deceased fram JANUARY 19 65 that (1) (we) last saw the deceased alive an pe and that in (my) (ear) apinion death accurred an the date death) An accident of hospital and haur and fram the couses stated above. (!) (We) (did) (did not) view the bady after death. he body was released must 23A. SIGN ATURE 23B. DATE SIGNED Attending Phys. M.D. Med. Stoff 0 Director approval Phys. O 23D. ADDRESS deceased prior written approv 23 C. PHYSICIAN'S ata NAME (Type) M.D. was D.O.A. shows: (1) 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY or CREMATOR) 24D. LOCATION (City, town, or county) REMOVAL (Specify) 128 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65



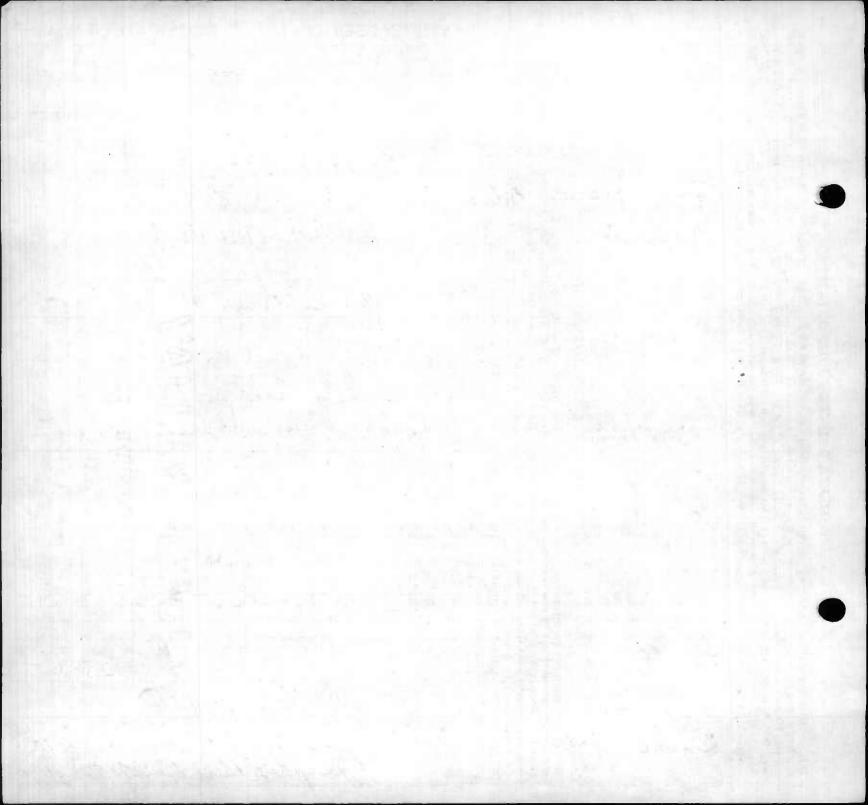
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approach must be obtained before the remains are ambulanced or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTI	IMORE CITY HEALTH DEPARTMENT
BIRTH NO. 65 0973 CER	RTIFICATE OF DEATH Registered No. 65 0973
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Hattie Holiday	1-21-65 10-15 A.M.  [4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A, STATE B. COUNTY
FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR address or lacotion)	Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)
Provident Hospital	Baltimore
1514 Division Street	D. STREET ADDRESS (If rural, give lacation)
Baltimore, Maryland	lhoh McCulloh Street
5. SEX 6. RACE 7. MARRIED, NEVER MAR WIDOWED, DIVORCED Widowed	lost birthday) Months Days Haus Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS Of done during most all working life, even if retired)	PR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  WHAT COUNTRY?  USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Holiday	Clara Brown
	17. INFORMANT ADDRESS
(Yes, no ar unknown) (If yes, give war ar dates of service)	14-0790, Bessie Dameson 1404 Ma Cullet St.
118.77 00 1	CALSE OF DEATH  INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY	で要した / · / / /
LEADING TO DEATH	Hule Myocardial mprolin 6 hrs
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUSE TID
ANTECEDENT CAUSES	5 Coronary heart Dixease 2 years.
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the 3	HKlenoschweis.
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II II	*
OF THE RESIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	OH EE
UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	NO.  NJURY (e.g., in ar about 21 C. WHERE DID (If in Baltimate City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctor	ory, sheet, office bldg., INJURY OCCUR?
21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OC	CURRED 21F. HOW DID INJURY OCCUR?
(APPROX.)	At Work
22. I certify that (I) (this hospital) attended the deceased	d from 1-24-65 19 to 1-24-65 19,
that (1) (we) last sow the deceased alive on 1-21-	and that in (my) (aur) aplaian death occurred an the date
and hour and fram the causes stand above. (1) (We) (did)	
and hour and from the causes started above. (1) (We) (did)	238, DATE SIGNED
	M.D. Attending Med. Stall Phys. 1-25-65
23C. PHYSICIAN'S	23 D. ADDRESS
NAME (Type) Alvin Thompson	M.D. 1514 Division Street
	LETERY OF CREMATORY (City, fown, or county) (State)
REMOVAL (Specify) 1/28/65 1/11/11	To men tack Orlite Charting had
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	R 1250-FUNERAL DIRECTOR ADDRESS
JAN 27 1965 (2.0. 6- 8 Fallowal)	Graph Likuss 2222 W. north dr
Market C. Varket M.	ST TO COR



	C5 0074	BALTIMORE CITY	HEALTH DEPARTMENT		60 0074
	ятн NO. 65 0974	CERTIFICA	TE OF DEATH	Registered No.	,
	.E. CASE NO. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	0 /1 \
	ype or Prinil DORA ADKINS		MAT	- 2 = 194	5 9-4
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND				ution: residence before admission)
			A. STATE B. COUNT	1	5-17
	FULL NAME OF (If not in hospital or institution, give selection)	streel	C. CITY OR TOWN (If outs	ide city limits, write RUR	(AL and give township)
h	INSTITUTION		BALLIX	U ODE	g.v. io
H	ISIT N. BRUCE	ST	D. STREET ADDRESS	vol, give location)	
	(11) 11. 17 2000		1515 F	Ruct	51
5.	SEX 6. RACE 7. MARRIED, NEV	ER MARRIED	B. DATE OF BIRTH	. AGE (In years 1	f Under 1 Yr. If Under 24 Hrs. Norths: Doys Hours: Min.
	+ NEGRO MICH	VORCED (Specify)	?	S S S	Tonnis Doys Hours Willia
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	2. CITIZEN OF
d	one during most of working lite, even if retired)		Brotigness.	maryland	WHAT COUNTRY?
13	FATHERS NAME		14. MOTHER'S MAIDEN NAM		
			7	/	
1	. Was Deceased Ever in U. S. Armed Forces?	SOCIAL	17. INFORMANT A		ADDRESS
(Y		SECURITY NO.	Am & 0 - In	o.l. 4/2;	farmen ase.
			HIM MORSEL IN	selle Trost-	
	18.	CAUSE OF	DEATH	0 /	ONSET AND DEATH
1	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A	A luce . 1.	0-1 01	, 2
Ш	(This does not mean the mode of dying, e.g.,	DUE TO	Vigocaraca	& Or Saffee	elune '
	heort foilure, osthenio, etc. It means the disease, injury or camplication which coused death.)	1	100	A 11	
	ANTECEDENT CAUSES	(B) De	rule are	ley sol	orac -
	DISEASES OR CONDITIONS, if ony, giving	DUE TO	1 1 1	1	1
	rise to the above cause (A) stating the	idere	ling theren	worses o	+ / mouth
	UNDERLYING CONDITION Iosi.	0.7		4	
1	ll l		·	or egre	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			1	
110	194 DATE OF OPERATION 198 CONDITION FOR WHICH	H OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES. WERE FIN	DINGS CONSIDERED
1	WAS PERFORMED			IN CERTIFYING CAUSE	ES OF DEATH?
1	21A. ACCIDENT WAS UNDERLYING 21B. PLACE	CE OF INJURY (e.g., in	or obout 21C, WHERE DID	(If in Boltimore C	ity, give exact location)
1	DEATH (notify medical examiner) etc.)	im, foctory, street, off	ice bldg., INJURY OCCUR?		
	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJI	URY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?	
1	OF INJURY (APPROX.) While A				
	Work	At Work		1	
	22. I certify that (1) (this hospital) attended the	f t "manual"	year 1	9 65 to Jen	24 1961.
	that (I) (we) lost sow the deceased alive on you	ru ty	19ond tha	t in(my) (aur) opinio	on death accurred on the date
	and hour and from the couses stated above (1) (We	e) (did) (did not) vi	ew the bady after death.		
	23A. SIGNATULE		- /		B. DATE SIGNED
	In / mile	Phys	nding Med.	Phy s.	1-25-65
	23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS	0 4 - 0	
	1 GENHIEND	FTON M.D.	1723 X	I) (hel	land
2	IA. BURIAL CREMATION, 248. DATE 24C. NAME	of CEMETERY or CRE	MATORY 24D. LO	CATION (Çity,	town, or county
	40 10 1 1/30/6.5 mit	auhan	Cemi Yu	that ha	Tuni I md
12	SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF RE	GISTRAR	25C-EUNERAL DIRECTOR	arten (1901	ADDRESS ADDRESS
	JAN 27 1965 R.D. A & Farly		Jusiph +	-Kup 122	22 h Mart ans
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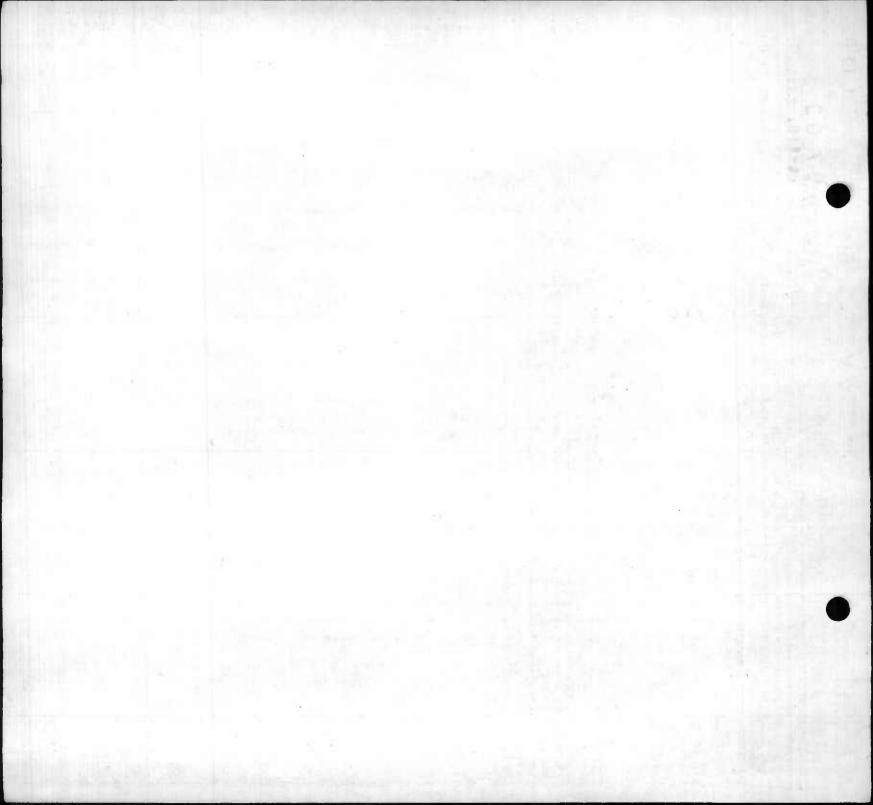
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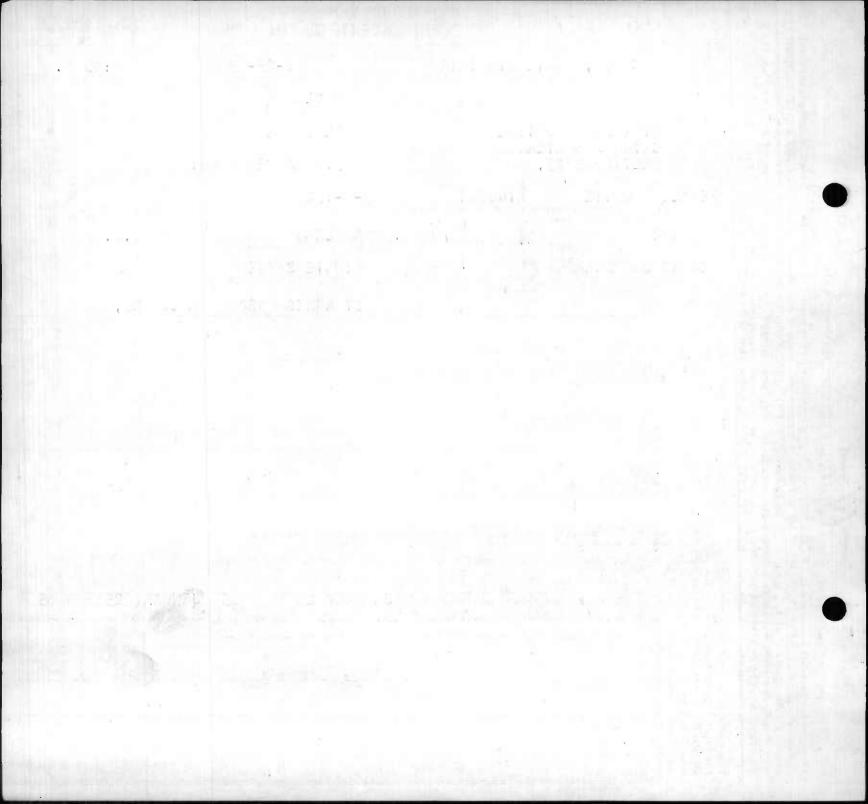
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. ERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY A. STATE FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) HNS HOPKINS HOSPITAL (Il rurol, give locotion) Hishlaud 5. SE) 7. MARRIED, NEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH Il Under 1 Yr. If Under 24 Hrs. lost birthdoy Months Doys Hours WIDOWED, DIVORCED (specify) INALA 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (11 yes, give wor or dates of service) ADDRESS 6. SOCIAL 17. INFORMANT SECURITY NO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY menuguri LEADING TO DEATH neumococcal (This does not mean the mode of dying, e.g., heart lailure, osthenia, etc. It meons the disease, injury or camplication which coused death.) (B) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED MA. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? -65 KACHEOSTOMY CE 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY 6, g., in or obout 21 C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? (It in Boltimore City, give exoct locotion) DEATH (notily medical examiner) EDI (Hour) 21 D. TIME 21 E. INJURY OCCURRED (Month) (Doy) (Year) 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While [ (APPROX.) Work At Work 1965 22. I certify that (1) (this hospital) attended the deceased from. 19 65 that (I) (we) last saw the deceased alive an ond that In(my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. Z3A. SIGNATURE 23B, DATE SIGNED Attending Phys. Med. Director approval 23 PHYSICIAN'S NAME (Type) 23D. ADDRESS B1668R. M.D 24A. BURIAL CREMATION, (City, town, or county) REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS



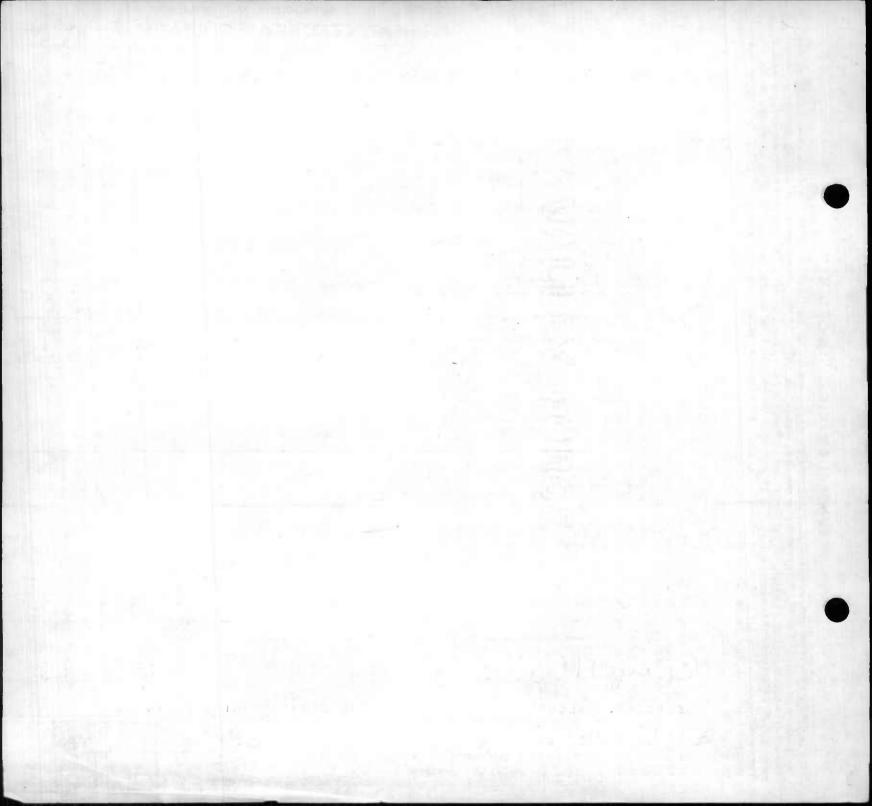
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720	BIRTH NO. 65 0977 CERTIF	FICATE OF DEATH × Registered No.	65 0977
and ased the Such	M.E. CASE NO.  J. NAME OF DECEASED	2, DATE AND HOUR OF DEATH	
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hosp ise (5) anc dea	FULL NAME OF (If not in hospital or institution, give street -	MARYLAND	baller
	INSTITUTION	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
	ST AGNES HOSPITAL	D. STREET ADDRESS (If rural, give location)	0000
T. L.	CATON AND WILKINS		
ar ar de	BALTIMORE 29, MD  5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	3107 ASPEN COURT  B. DATE OF BIRTH  9. AGE (In yeors	If Hades 1 V. If Hades 24 Has
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di di	15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL	17. INFORMANT	ADDRESS
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9 (S)	rise to the above cause (A) stoting the (C)	***************************************	
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	22. I certify that (I) (this haspital) attended the deceased fro	/ 05 /5	
ap to to fa iii (h);	that (I) (we) last saw the deceased alive an JANUAR)	Y 25 19 65 and that in(my) (our) ap	inion death accurred an the dat
be de	and haur and from the causes stated above. (1) (We) (did) (did	d nat) view the bady after death.	
ase de de	23A. SIGNATURE		23 B. DATE SIGNED
must eleas ccide 1 hos to do	Wenitredo n. Lalesia."	Attending Med. Stoff Phys.	1-75-65
L = 0 . E	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	1,2000
was r y was r 1) An a 3.A. at d d prior		M.D.	
certificate body was rs: (1) An a D.O.A. at ased prior	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	Y OF CREMATORY 24D. LOCATION (C	City, town, or county) (State)
ws: (bodyws: (b.0)	Senoval (Specify)	10 D/ FOR 19 11. 1	1-1
	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
This the bashow was dece	1AN 28 1985 1 D. A. E. Janker	Man Of A 10th bohont-1	Partitude 1P1
	VS 150-REV, 1/1/65	MINICOSPIECE -10	OU JULEI GIE Y N



## by the chief medical examiner or his assistant if deat

Registered No. ... CERTIFICATE OF DEATH BIRTH NO. of death Undetermined cause; (5) Deceased M.E. CASE NO. Suci 2. DATE AND HOUR OF DEAT I. NAME OF DECEASED (Type or Print) ПО hospital eath. 4. USUAL RESIDENCE (Whee 3. PLACE OF DEATH IN BALTIMORE, MARYLAND Mutution: residence before odmission) deceased lived. If in ance A. STATE COUSE (If not in hospital or institution, give street FULL NAME OF 0 HOSPITAL OR oddress or location) TOWN C. CITY (If outside city limits, write RURAL and give townsh INSTITUTION attend 8 Johns Hopkins prior ADDRESS (If rurol, give location) contributing occurred 90 GARRISON 6 made regular 5. SEX 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. 6. RACE MARRIED, NEVER MARRIED B. DAJE OF BARTH deceased Hours WIDOWED, DIVORCED (specify) lost birthdoy 8 Married 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death isposition = done during most of working life, even if retired) 0 SWITZERLAND 2361385 MUSIC Mas 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the 4 O death T 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL ADDRESS kind final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. BLUD attendance 217-40-9889 EVENCHICK E 3906 GARRISON 4113 any CAUSE OF INTERVAL BETWEEN pronounced 0 ONSEL AND DEATH DISEASE OR CONDITION DIRECTLY Also, embalmed of LEADING TO DEATH fracture (This does not meon the mode of dying, e.g., hearl foilure, asthenia, etc. Il means the disease, examiner. regular injury or complication which caused death.) ANTECEDENT CAUSES who DUE TO are 4 DISEASES OR CONDITIONS, if ony, giving <u>ල</u> to the obove cause (A) stating the physician before the remains UNDERLYING CONDITION lost, Was medical CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED physician DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION Bod the 0 WAS PERFORMED NO 3 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF hospital °Z. MEDICAL DEATH (notify medical examiner) etc.) nature; be obtained 21D. TIME (Month) (Dov) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) and Work At Work to the any 22. I certify that (1) (this hospital) attended the deceased from \_\_\_\_\_ eath); ... and that in (any) (our) apinion death occurred an the date of hospital ond hour ond from the causes stoted obove. (4) (We) (did) (did not) view the body after death. the body was released must accident 23B, DATE SIGNED 23A STGN ATURE ŏ M.D. Attending Phys. Med. 0 Director L approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) An THE JOHNS HOPKINS HOSPITAL CALLARD GEORGE M. O. A. 24A. BURIAL CREMATION, eceased 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (Stote) REMOVAL (Specify) written shows: 25C. FUNERAL DIRECTOR Was 258. NAME OF REGISTRAL ADDRESS 25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/65

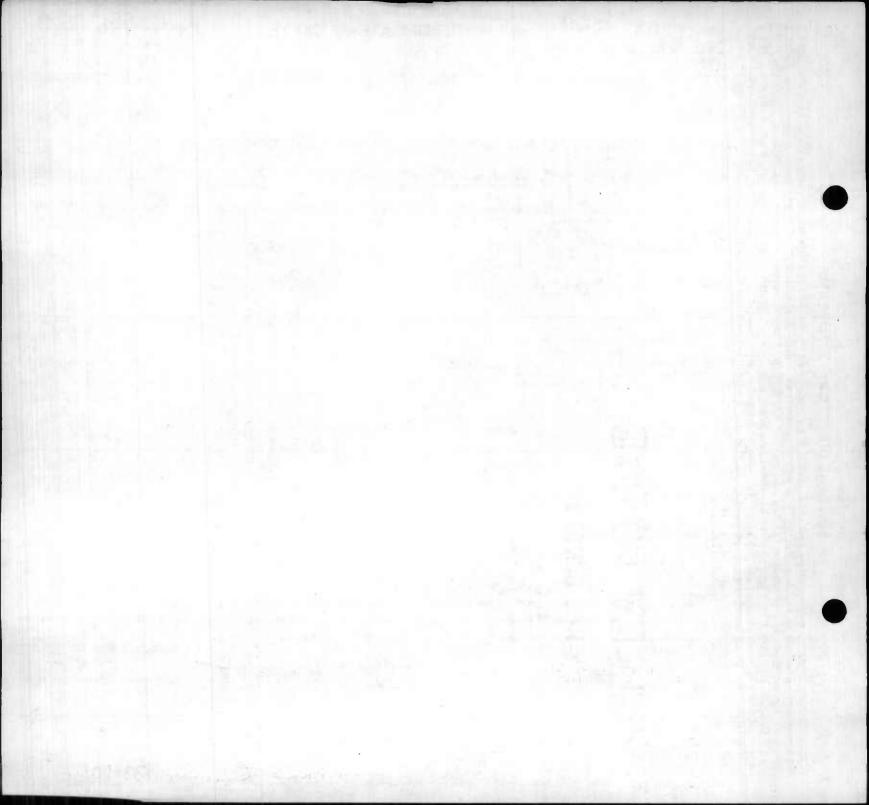
BALTIMORE CITY HEALTH DEPARTMENT



FUNERAL DIRECTOR: IMPORTANT

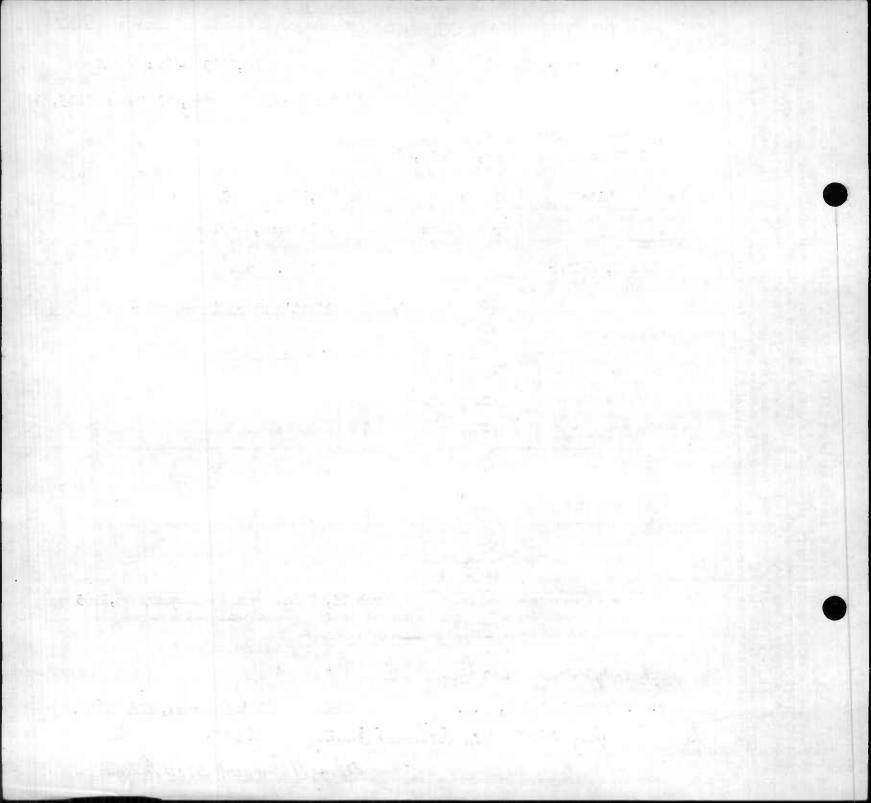
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

				BALTIMORE CIT	Y HEALTH DEPARTMENT		OF OTHER
	TH NO. 6.	5 0979		CERTIFICA	ATE OF DEATH	Registered No	65 0979
1. N	AME OF DECE	ANNA	NEL	SON	2. DATE	AND HOUR OF DEATH	16:30 PM
3. 1	PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W	here deceased lived. If in	stitution: residence before admission)
	FULL NAME OF	F (If not in hospital oddress or locatio	or institution,	give street	NO P	SALT.	15-38
	NSTITUTION				C. CITY OR TOWN (IF		RURAL and give township)
12	SINI	Al AGSP.	INCO	RP.	D. STREET ADDRESS	If rural, give location)	5.7
5. 5		Cartalina Carta		115115	3314		
5. 3	FEM.	CAUC	WIDOWE	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		PATION (Give kind of working life, even if retired)	108. KIND O	F BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
3011		ACURIS (			MARYL	AND	USA
13.	FATHER'S NAM	IE .			14. MOTHERS MAIDEN N	AME	
	RAG	Yau			YETTA		
15. (Ye:		Ever in U. S. Armed For	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	D (4)			3003111	JOSEPH NEW	SON 33	14 FAIRVIEW AVE
	18. 600	01		CAUSE	OF DEATH	0 0 10	INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION DI	RECTLY	21		1.	ONSET AND DEATH
	Carlotte Control	of meen the mode of	dying, e.g.	, DUE TO	unit con	***************************************	
		osthenio, etc. 11 meons plication which coused			1 0 5 0	1 0	
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ICA		OPERATION 198. CON	DITION FOR	WHICH OPERATION		No) 20B. IF YES, WERE	FINDINGS CONSIDERED
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CAL CI	OR CONTRIBU	TING CAUSE OF medical examiner		me, form, foctory, street,	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)
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2	(APPROX.)			hile At Work At Work			
	22. I certify	that (1) (this hospita	I) attended t	the deceased from	12/12	19 65 to	1/25/ 19 65
	that (1) (we)	last sow the decease	ed alive on	1/25	19 65 ond	that In(my) (our) opl	nion death accurred on the date
	ond hour ond	from the couses sta	ted above. (	(I) (We) (did) (did not)	view the body ofter death		
	23A. SIGNATU	R6	(				23 B. DATE SIGNED
	A	forvey A	· Jer	M.D. At	tending Med. ys. Director	Stoff Phys.	1/25/65
	23C. PHYSICIAI NAME (Ty	N'S (pe)		M.D.	23D. ADDRESS		
244	BURIAL CREA	AATION, 24B. DATE	) 24C.N	AME OF CEMETERY OF CI		LOCATION (Ci	ty, town, or county) (Stare)
	BINOVAL TO	1/23	65	Koned	ale "	Balta	me
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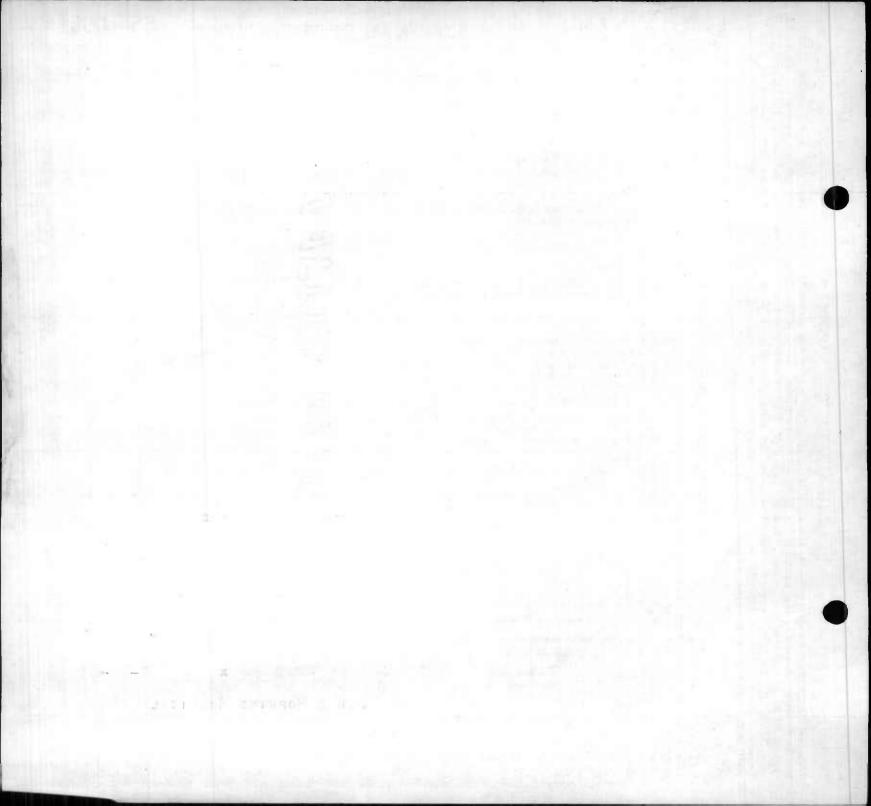


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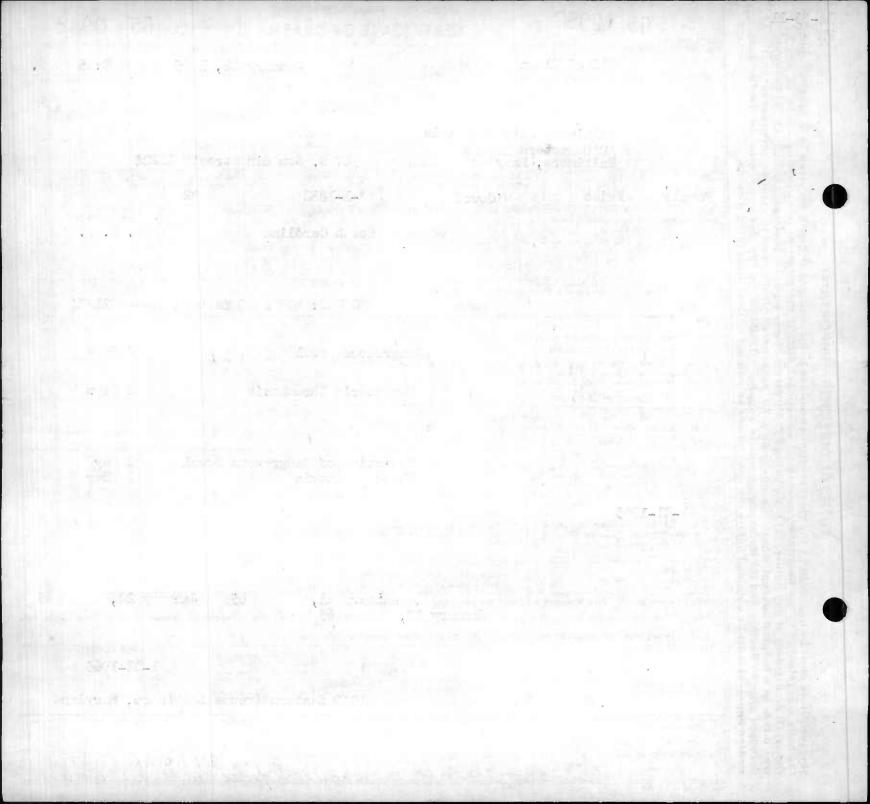
BIRTH NO.	5 0980		CERTIFICA	TE OF DEATH	Registered No	65_	0980
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Type or Print)	y V. Kailer	(Miss)			26,1965 -		VI.
. PLACE OF DI	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Wh	ere deceased lived. If	institution: residen	ce before admissi
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INSTITUTION				C. CITI OK TOWN	orside City Illinis, wille	NORAL ORI GIVE	C-6//
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	1000 So Cato	n Avenue, B	alt 29, Md				
- SEX	6. RACE	7. MARRIED, NEV		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr	. If Under 24 h
female	white	Singl	VORCED (specify)	Sept 1,1883	last birthday)	Months Doys	Hours Min
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3. FATHER'S NA				14. MOTHER'S MAIDEN NA			
	ohn E, Kailer			Julia A. N	fyers		
	d Ever in U. S. Armed Form) (If yes, give war or date		SOCIAL SECURITY NO.	17. INFORMANT		ADD	RESS
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shows: Was VS 150-REV. 1/1/65



	000	BALTIMORE CI	TY HEALTH DEPARTMENT		
NRTH NO. 65 05	j82	CERTIFIC	ATE OF DEATH		65 0982
I, NAME OF DECEASED  Type or Print)  Mildr	ed Olsen —	VINC.		ry 22, 1965	9:15 P.
B. PLACE OF DEATH IN BALTIM	ORE, MARYLAND	11106.	4. USUAL RESIDENCE (Who	ere deceased lived. If in	stitution: residence before admissia
			A. STATE B. CDU	YIN	-6-11
	haspital ar institution, ar lacation)	give street	C. CITY OR TOWN (If or	utside city limits, write f	RURAL and give township)
	imore City	Hospitals	Baltimore		
4940	Eastern Ave	enue	507 S. Bould	rural, give lacation)	1224
5. SEX 6. RACE		, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
Female White	WIDOWE	D, DIVORCED (specify)	3-1-1882	lost birthday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give I		F BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stale or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
dane during mast of working life, even		ISE WORK	North Carolina		U. S. A.
13. FATHERS NAME			14. MOTHER'S MAIDEN NA	ME	
2	WEE	EKS	UNK	NOWN	
5. Was Deceased Ever in U. S. Yes, na ar unknawn) (If yes, give v	Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
NO —	of diddes di service)	SECURITY NO.	RECORDS: BCH 4	940 Eastern	Avenue 21224
18.5 7021		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDI					
LEADING TO		(A)Gang	renous Bowel		2 Days
(This does not meon the heart failure, asthenia, etc.	it meons the diseose				
injury or complication which		Mesenteric Thrombosis		2 Days	
ANTECEDENT	CAUSES	DUE TD			***************************************
DISEASES OR CONDITION					A THE COLUMN
UNDERLYING CONDITION		(C)	<del></del>		
		n -	nation of Commo	nous Porcal	1 Day
DTHER SIGNIFICANT COND			ection of Gangre	Honz Domet	1 Day 1 Hour
	AUSING IT.	5110			
194. DATE OF OPERATION 1-21-1965	198. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes at N	ON CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDE	RLYING 21	B. PLACE OF INJURY (e.g	, in ar about 21 C. WHERE DID	(If in Baltimare	City, give exact lacation)
OR CONTRIBUTING CAUS	E OF ha	me, larm, factory, street,	office bldg., INJURY OCCUR?		
	(Yeor) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPRDX)		hile AI Not W	hile		
				19 65 to Janu	ary 22, 19 65
22. I certify that (I) (this that (I) (we) lost saw the			LE		
					nion death occurred on the do
	uses stated obove.	(I) (We) (did) (did not	view the body ofter deoth.		
23A. SIGNATURE	L.		monding - AA-1	Sec. 0	23B, DATE SIGNED
(Victory)	Jano	M.D. A	hys. Med. Director	Stafl Phys.	1-22-1965
23C. PHYSICIAN'S NAME (Type)	ichard Lane	M.	23D. ADDRESS D. 4940 Eastern	Avenue Balti	more, Maryland
24A. BURIAL CREMATION, 24B.		AME of CEMETERY or C			ty, lawn, ar county) (State)
REMOVAL (Specify)	-21-15 M	T, CARMEL	CEM. CT		
SURIHL 1		OF REGISTRAR	25C. FUNERAL DIRECTO	D O O O N NEL	LST. BALTU., MD.
1AN 2 8	1965 00 0	C FORMA	00	1.0 9015,0	CNKLINGOST.
OUIL TO	1900 Mobile	) C. Mannen I III	reparter of o	SELVEN BALTI	Cydlddy, MD.



## death IMPORTANT DIRECTOR the chief medical FUNERAL

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assistant

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examiner

by

certificate must

hospital and williage of death Registered Na. BIRTH NO. ERTIFICATE OF DEATH Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 Lavenia 6 P. M. eath. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before odmission) B. COUNTY ance A. STATE cause FULL NAME OF (If not in hospital or institution, give street O HOSPITAL OR oddress or location) C. CITY OR (If outside city limits, write RURAL and give township attend cause; 9 prior D. STREET ADDRESS (If rurol, give location) contributing de. 2355 Druidhill (4) Undetermined Ave. regular 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 5. SEX 6. RACE If Under 1 Yr. Months: Doys If Under 24 Hrs. is ma Hours deceased WIDOWED, DIVORCED (specify) lost birthday daw e. 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition = done during most of working life, even il retired} Housewife Was the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME direct death LO kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. INFORMANT 6. SOCIAL ADDRESS or final SPCURITY NO. attendance Katherine O. Johnson .2351Druid AYO. any CAUSE OF DEATH pronounced ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 0 med LEADING TO DEATH fracture (This daes not mean the made of dying, e.g., embal heart failure, asthenia, etc. It means the disease, regular aminer. injury or complication which caused death.) ANTECEDENT CAUSES who Gre DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the physician remains UNDERLYING CONDITION last. medical burns; Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. (2) Body before the 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 9 A. DATE, OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No!) the U WAS PERFORMED by 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PVACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, focfory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where the hospital °Z MEDICAL DEATH (notify medical examined etc.) nature; No obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) At Work Work and any 19 65 10 22. I certify that (3) (this hospital) attended the deceased fram 0 99 that (4) (we) lost sow the deceased olive on. and that in (a) (aur) apinion death occurred an the date 10 eath) hospital and hour and fram the causes stated abave. (1) (WE) (did) (200 mot) view the body after death. the body was released must accident 23A. SIGNATURE 23B. DATE SIGNED 0 Stoff Phys. M.D. Attending Med. 0 Phys. Director \_ written approval 0 23C. PHYSICIAN'S 23 D. ADDRESS prior to NAME (Type) An University Hespital Bruce H. MacPherson MD D.O.A. 24A. BURIAL CREMATION, 248, DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION eceased (City, town, or county) (State) REMOVAL (Specify) shows: Burial Mt. Aubur Baltimore Auburn Was 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS T Law, 802 Madison Ave. #1 VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

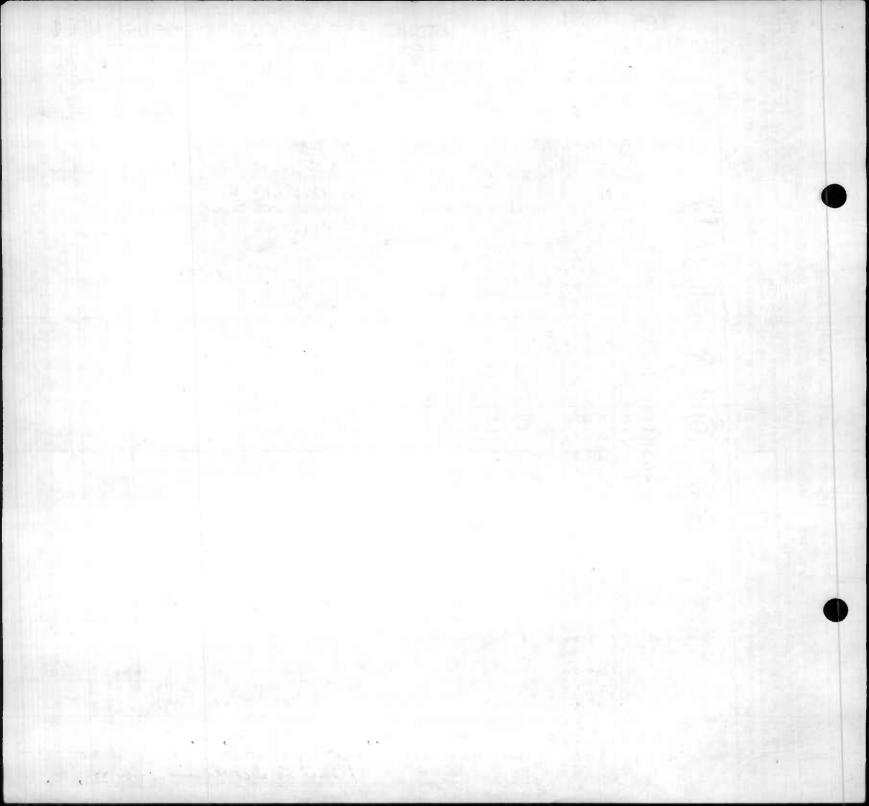
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· ś.o.,

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	Butimer Co, ned.	BALTIMORE CIT	Y HEALTH DEPARTMENT		
	тн но. 60 930-2	CERTIFICA	TE OF DEATH	Registered Na.	-65 - 0984
	E. CASE NO. /		DATE AN	HOUR OF DEATH	
	pe or Print) ALLEN	Sharm		20,1965	17 Pm M
3.	PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (When	re deceased lived. If in	nstitution: residence before admission)
	FULL NAME OF (If not in hospital or institution)  HOSPITAL OR oddress or location)	itution, give street	C. CITY OR TOWN (If our	tside city limits, write	RURAL ond give township)
	Fohns Hopkins Hosp.	son day	Tessup Md		63-00
15	1000000 1101000000000000000000000000000		B0x 85 G		
5.		ARRIED, NEVER MARRIED	DOC. 17, 1967	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 108, K. ne during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or forei	ign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	Robert Green		Delore	18 Allen	
15. (Ye	Wos Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No		mother	Su	me 95 pt.
	DISEASE OR CONDITION DIRECTLY		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) M	eningitis, Bo	orterial	
	(This does not meen the mode of dying heart failure, asthenia, etc. It means the d injury or complication which coused death,	iseose,			
	ANTECEDENT CAUSES	(B)			s <b>cabaca da, ma</b> honnia da da ba a a caba a caba a caba a con non a non con concepa con a ne a da m
	DISEASES OR CONDITIONS, if ony,	DUE TO giving			
	rise to the obove couse (A) statin	g the (C)			
TION	OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO THE			
ERTIFICA	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bfdg., INJURY OCCUR?	(II in Boftimor	e City, give exoct locotion)
EDIC	21D. TIME (Month) (Doy) (Year) (Hou	1) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2	(APPROX.)	While At Not Wh	ile		
	22. I certify that (I) (this hospital) atte	nded the deceased fram	Jan 20	19 65 to Do	m 20 1965
	that (I) (we) lost sow the deceased oliv	10 an Jan - 20			inion death accurred an the date
	and haur and fram the causes stated ab	ave. (I) (We) (dld) (did nat)	view the bady ofter death.		
	23A. SIGNATURE				23 B. DATE SIGNED
	Noman Pa	M.D. At	tending Med. ys. Director	Stoff Phys.	Jan. 20, 1965
	Norman &	Fost M.D	23D. ADDRESS Forns 1	topkins Hos	pp.
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 1/23/65	24C. NAME of CEMETERY of CI Asbury Cemetery		ocation (c	ity, town, or county) (Stote)
25/	A. DATE REC'D BY HEALTH DEPT. 25B. N	IAME OF REGISTRAR	25C ONERAL DIRECTOR	Y	ADDRESS
	JAN 28 1965 R.	set E. Jake, M.A.	/ Hout & s	umle	Rockville, Md.
VS	150-REV. 1/1/65				



a hospital and

	0005	BALTIMORE CITY	HEALTH DEPARTMENT		65 0085
M.E.	H NO. 65 U983	CERTIFICA	TE OF DEATH	Registered No	00 0000
1.NA (Type	AME OF DECEASED B OF PRINTIL LACE OF DEATH IN BALTIMORE, MARYLAND	PHILIP	4. USUAL RESIDENCE (When	D HOUR OF DEATH  26-65  e deceosed lived. If instity	7:3 A
. He	ULL NAME OF (If not in hospitot or institu OSPITAL OR oddress or locotion) USTITUTION		MARYL	AMD side city limits, write RU	
20	THERAN HOSI	P. OF Md.	D. STREET ADDRESS (IF	rurol, give tocotion)	AIDS AV
5. SE	EX 6. RACE 7. MAP WID WID	RRIED, NEVER MARRIED OWED, DIVORCED (specify) ARRIED		9. AGE (In years lost birth day)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
done	USUAL OCCUPATION (Give kind of work 10 % KIN during most of working life, even if retired)  Dock Worker	ID OF BUSINESS OR THOUSTRY	Maryland		12. CITIZEN OF WHAT COUNTRY?
13. F	Francis A. Ha	lligan	14. MOTHER'S MAIDEN NA		
15. W (Yos,	Vos Deceosed Ever in U. S. Armod Forces? no or unknown) (If yes, give wer or dates of ser	1 6. SOCIAL	17. INFORMANT	Mary E. Blak	ADDRESS
1	18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		OF DEATH	1 live	INTERVAL BETWEEN ONSET AND DEATH
	INTEREST ON CONDITIONS, If ony, guise to the obove couse (A) stoling UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS THE DEATH BUT NOT RELATED TO	DUE TO IVE	inhoris of	rejatila	
RTIFICAT	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20A. AUTOPSY (Yes Ir No	208. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
CAL	21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examinar)	21 & PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore (	City, give exact location)
1 4	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While At Not White At Work		URY OCCUR?	
	22. I certify that (I) (this hospital) attention (i) (we) lost saw the deceased alive	on 1-26	19 6 \ and th		on death accurred on the de
	ond hour and from the couses stated abo 23A. SIGNATURE Acideh K	0 0	ending Med.	Stoff Phys.	1-26-65
	23C. PHYSICIANS NAME (Type) AIDEH KOBLEF		23D. ADDRESS Luth	eren H	oep.
	Burial 1-29-65 Date REC'D By HEALTH DEPT. [258. NA	4c. NAME OF CEMETERY OF CE Loudon Park Ceme		ltimore, Mary	land ADDRESS
	JAN 28 1965 R.C.	est E. Farber M.A.	Howard H. Hub	bard-4107 Wil	lkens Ave-21229

Howard H. Hubbard-4107 Wilkens Ave-21229

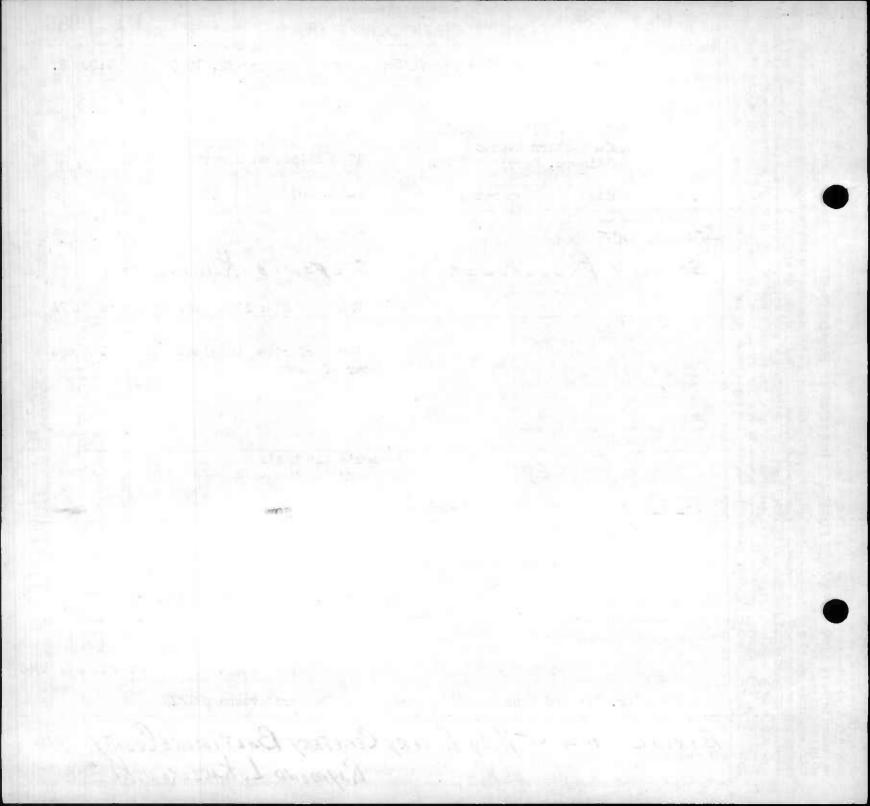
VS 150-REV. 1/1/65

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.ore, Mar

LS: 36-76-81

	65 0986			BALTIMORE CITY HEALTH DEPARTMENT			
BIR	GO ON HT	0300		CERTIFICA	ATE OF DEATH Regist	ered No.	65 0986
	E. CASE NO.	SED		-	2. DATE AND HOUR O	F DEATH	
(Ту	ype or Print) Adam Franzkowski (FRACZKOWSKI) January 22, 1965 9:00 P. M						
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND				4. USUAL RESIDENCE (Where deceased A. STATE B. COUNTY	lived. If institutio	n: residence before odmission)
	FULL NAME OF HOSPITAL OR INSTITUTION  ROSPITAL OR Oddress or location)  Polltimova City Hospitals			Maryland 203			
				C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
	Baltimore City Hospitals			Baltimore			
	4940 Eastern Avenue			D. STREET ADDRESS (If rurol, give le		27	
	Baltimore, Maryland 21224				1909 Aliceanna Stre		-
11	Male 6.	White	7. MARRIED, N WIDOWED, Separat	DIVORCED (specify)	8-16-1907  9. AGE (In lost birthday)	7 If U Mont	nder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY				Y 11. BIRTHPLACE (State or foreign country)		CITIZEN OF
dor	ne during most of working life, even if retired)				7.7		WHAT COUNTRY?
12	FATHERS NAME				Poland  14. MOTHER'S MAIDEN NAME		4.3.4.
13.	STANLEY FRANZKOWSKi				STEFANIA KUBINSKA		
15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL			17. INFORMANT ADDRESS			
	es, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.				RECORDS: BCH: 4940 Eastern Avenue 21224		
	18. CAUSE O			OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY						
	LEADING TO DEATH			terior Perforated Marginal		14 Days	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						90 2 00072 000 00 0000 AAA X 000 00 X X X X 0 000 X 0 000 00
	injury or complication which caused death.)						
	ANTECEDENT CAUSES (B)						
	DISEASES OR	CONDITIONS, if	ony giving	DUE TO			
	1 .	obove couse (A)		(C)			
	UNDERLYING	CONDITION last.					
	Il Laennec's Cirrhosis						
ATION	CONTRACTOR				monary Tuberculosis		
ATI	DISEASE OR CO	ONDITION CAUSING		- UL	200104		
RTIFIC,	19A. DATE OF O	. WAS PER	DITION FOR WH	ritonitis	20 A. AUTOPSY? (Yes or No. 20 B. IF Y	ES, WERE FINDIN	IGS CONSIDERED
RTI	1-21-19	65	re	TTOUTETS	NO TO	THO CAUSES C	J. J. A.
Ü	21A- ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in				n or obout 21C. WHERE DID (If in Boltimore City, give exact location)		
A	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of etc.)				omce oldg., INJURT OCCUR?		
DIC	<u>u</u>						
MED	OF INJURY				21 F. HOW DID INJURY OCCU	K?	
2	(APPROX.) While At Work At Work						
	Jenuary 18 65 Jenuary 22 6						
	January 22 65						
	that (I) (we) last saw the deceased alive on						
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.						
	23A. SIGNATURE	7 1				23 B. C	DATE SIGNED
	(Xey hand Janey M.D. Atter				tending Med. Stoff Phys.	J	January 22, 196
	23C. PHYSICIAN'S 23D. ADDRESS						
	NAME (Type).						
	Dr. Richard Lane M.D. 4940 Eastern Avenue #21224						
24.	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)						
1	2.01.1	1. 1/-	65141	1 Kacan	(EMETERA BALT	MARTI	TV MD
25	A. DATE REC'D BY	HEALTH DEPT	258, NAME OF	DEGISERAD -	SC FUNERAL DIRECTOR	MONECO	MAN III.
123	A. DATE REC D BI		A	C Fallenga	BLOWER DIKECIOK /	A	1 3520 CIE
	J	AN 28 1965	Ubiel.	C' donoon	NAYMOND L. NA	CZOKOWS	SVI MOND LIET
VS	150-REV. 1/1/65						



	approved by the chief medical examiner or his assistant if death occurred in a hospital and	I to the hospital by a medical examiner. Also, if the direct or contributing cause of death	of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
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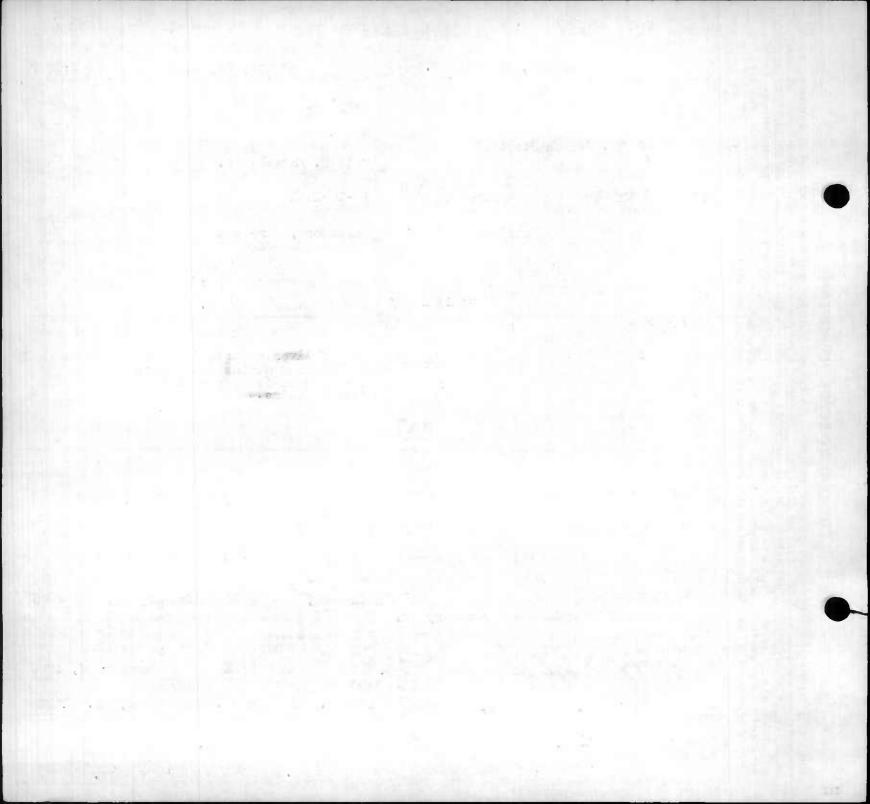
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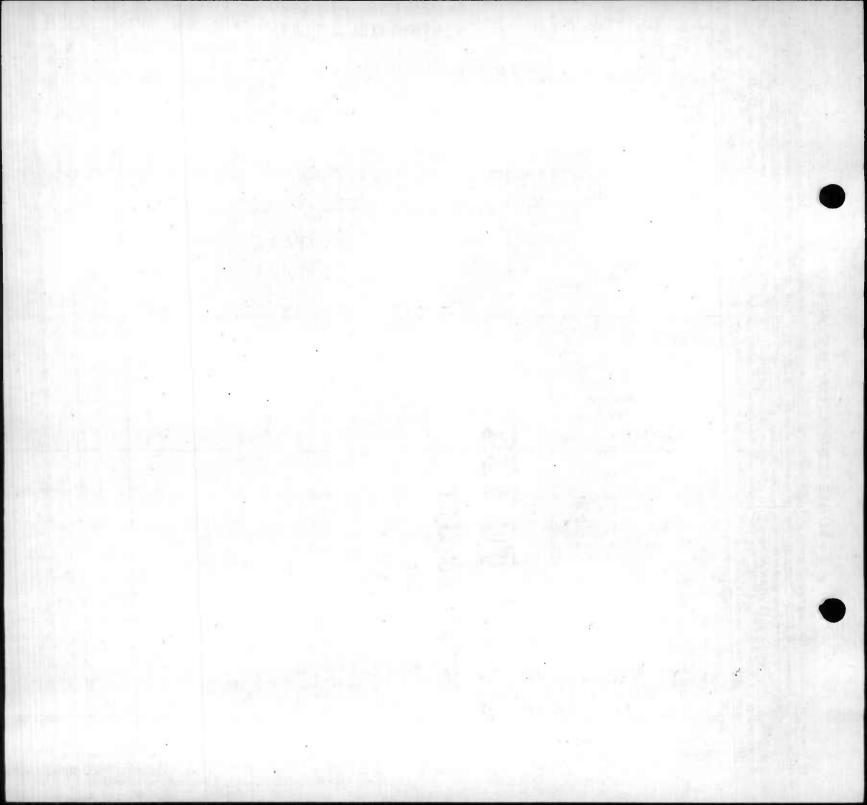
BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Roberts, Francis January 25, 1965 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3, PLACE OF DEATH IN BALTIMORE MARYLAND A. STATE Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or locotion) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore D. STREET ADDRESS St. Joseph Hospital (If rurol, give location) 2217 E. Madison St. 7. MARRIED, NEVER MARRIED S. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthdoy) Male White Married 12-18-1901 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maintainence Baltimore City Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Roberts Katherine Huber 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Helen Roberts 2217 E. Madison Street No CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinoma of liver metastasis to (This does not mean the mode of dying, e.g., right lung and mediastinal lymph heart failure, asthenia, etc. It means the disease, nodes: thrombosis of portal and mesenteric veins. injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 1198, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED Yes 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Boltimore City, give exoct location) DEATH (notify medical examiner) etc.) (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) At Work Work 22. I certify that (I) (this haspital) attended the deceased from January 23. 19 65 to January 25, 19 65 ond that in(my) (our) opinion death occurred on the date that (I) (we) lost saw the deceased alive on January 25, ond hour ond from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURI 23 B. DATE SIGNED Attending M.D. Mad. Phys. X January 26, 1965 Phys. Director \_\_\_ 23 C. PHYSICIAN 23D. ADDRESS NAME (Type) 1400 N. Caroline St., Baltimore, Md. 21213 M.D. William B. VandeGrift, 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) Burial 1-29-65 yardens 03
25A. DATE REC'D BY HEALTH DEPT. 725B. NAME OF REGISTRAN
11 N 1 0 9 1965 1 Dee 5 8 4 4 REMOVAL (Specify) Gardens of Faith emetery Da 25C. FUNERAL DIRECTOR ADDRESS



## FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death the body was recident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

0000	BALTIMORE CITY	HEALTH DEPARTMENT		C5 0000
BIRTH NO. 65 0988 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	65 0988
1. NAME OF DECEASED (Type or Print) Katrenic. Steven	Paul (Ste	ephan P.) 1/25	HOUR OF DEATH	10 30 M.
3. PLACE OF BEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospitol or institution, global particular and statements) (If not in hospitol or institution, global particular and statements) (Institution)	ive street	Baltimer	deceosed lived. If instituted the state of t	ution: residence before odmission)  O  AL ond give township)
Franklin Square Hos		523 N. Pa	tomac 8	<i>†</i> ,
	NEVER MARRIED , DIVORCED (specify)		ost birthdoy)	f Under 1 Yr. If Under 24 Hrs. Norths Doys Hours Min.
Macrust	Steel	TV. BIRTHPLACE (State or foreig		2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  KANANANANANANANANANANANANANANANANANANA	rtrenic	14. MOTHER'S MAIDEN NAM	XXXX Anna	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service)	16. SOCIAL SECURITY NO. 213-07-3140	17. INFORMANT Mary Katrenic	523 N. Potom	ac Street
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. it means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stating the UNDERLYING CONDITION lost.	(A) CAUSE OF TO DUE TO	ncer of the	Lung	INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING 218.	e, lorm, foctory, street, of	or obout 21C. WHERE DID	(If in Boltimore C	ity, give exoct locotion)
21D. TIME (Month) (Doy) (Year) (Hour) 21E.	e At Not While	21F. HOW DID INJU	RY OCCUR?	
22. I certify that (I) (this hospital) attended the thot (I) (we) last saw the deceased alive an and hour and fram the causes stated abave. (I)  23A. SIGNATURE  23C. PHYSICIAN 5	(We) (did) (did nat) v	iew the bady after death.	t in(my) ( <del>vor)</del> apinia	in death accurred an the date
NAME (Type) BY ONG KOO  24A. BURIAL CREMATION, 24B. DATE  24C. NA  24C. NA	Kim M.D. ME of CEMETERY or CRE red Heart of	Franklin J	GATION (City)	Pital.  town, or county) (Stole)  Land  ADDRESS
JAN 28 1965 Reco	E. Farley M.A.	Philip E. C	vach 1211 (he	



## IMPORTANT DIRECTOR: FUNERAL

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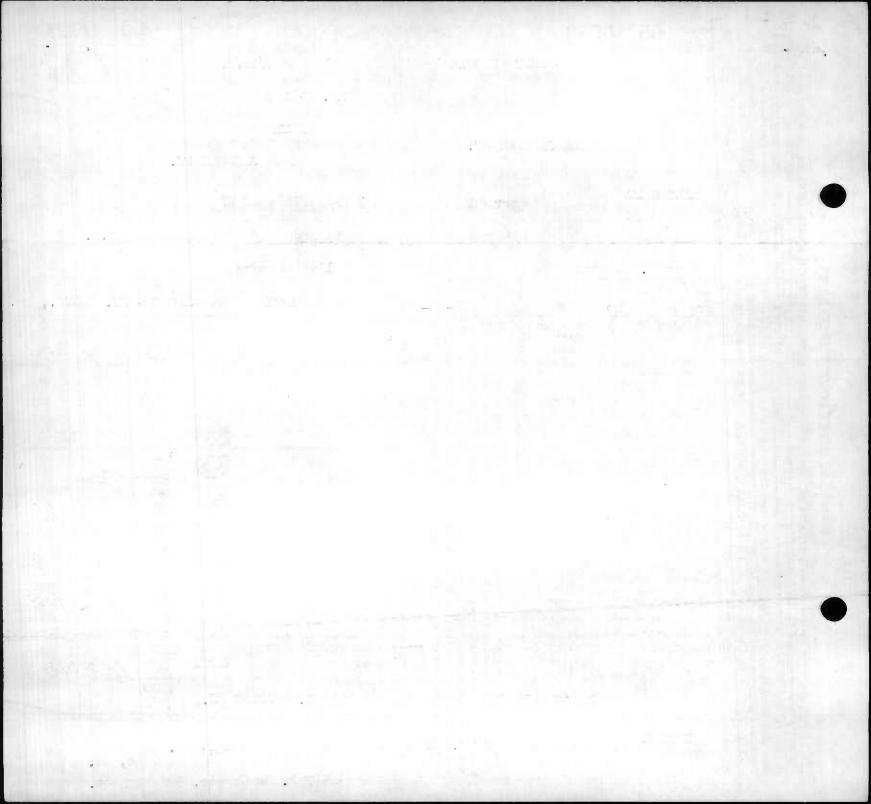
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. M.E CASE NO. 5 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 1/21/65 HERBERT HIGGINS 4. USUAL RESIDENCE (Where deceosed lived. II institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE MD (Il not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddiess or location) (If outside city limits, write RURAL and give township) INSTITUTION BALTIMORE 1404 JACKSON ST. D. STREET ADDRESS (If rurol, give location) 1404 JACKSON ST. is made. 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months! Days If Under 24 Hrs. Hours i Min. 6. RACE Hours WIDOWED, DIVORCED (specify) lost birthdoy MALE WHITE 3/19/1887 77 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY disposition done during most of working life, even if retired) Retired Retired Matvland U.S.A. 13. FATHER'S NAME 4. MOTHERS MAIDEN NAME James M. Higgins Della Larimore 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL Tina (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. ARNOLD HIGGINS 215-18-4037 No No CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injuly at complication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last. the remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examined obtained 21 D. TIME 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY While At Not While (A PPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from pe that (1) (we) last saw the deceased alive an and have and from the causes stated abave. (1) (We) (did) (did nay) view the bady after death. must 23A. SIGNATURE 23B, DATE SIGNED Attending Med. Stoff Phys. Director Phys. approval 23C. PAYSICIAN'S 23D. ADDRESS NAME (Type) ISAAC MILLER 1228 S. CHARLES ST. M.D. 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) written

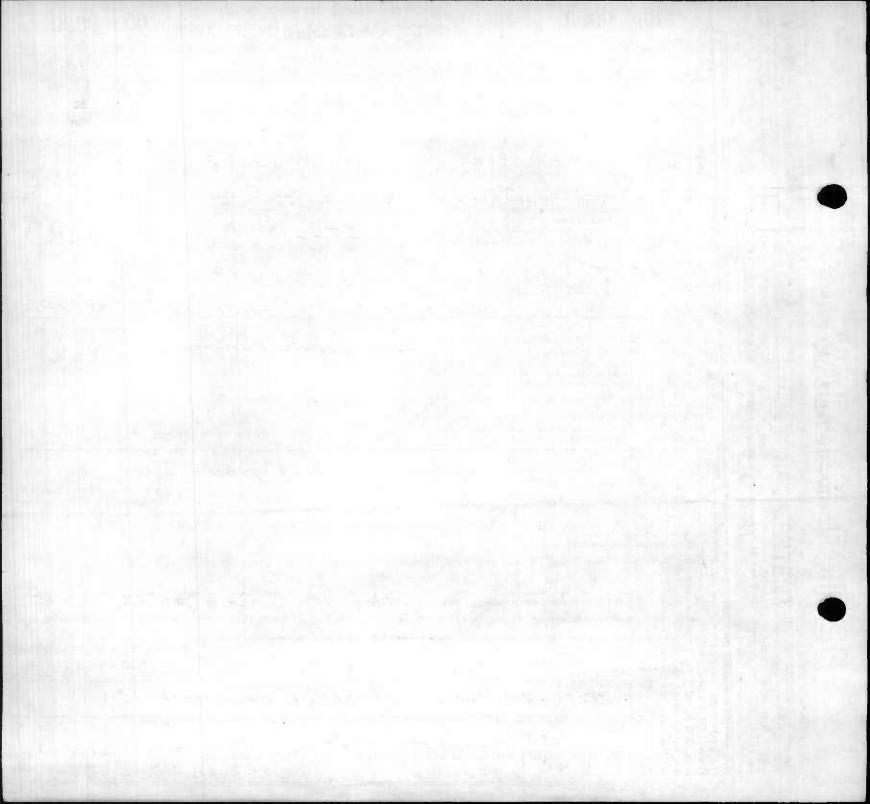
1404 JACKSON ST. BALTO., MD. and that in (my) (aut) apinlan death occurred an the date REMOVAL (Specify) BURTAL 1/24/1965 Park Dorchester Memorial
258. NAME OF REGISTRAR 250 Cambridge. 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR Anthony P. Le Compte, 308 High St. VS 150-REV. 1/1/65



## IMPORTANT FUNERAL DIRECTOR:

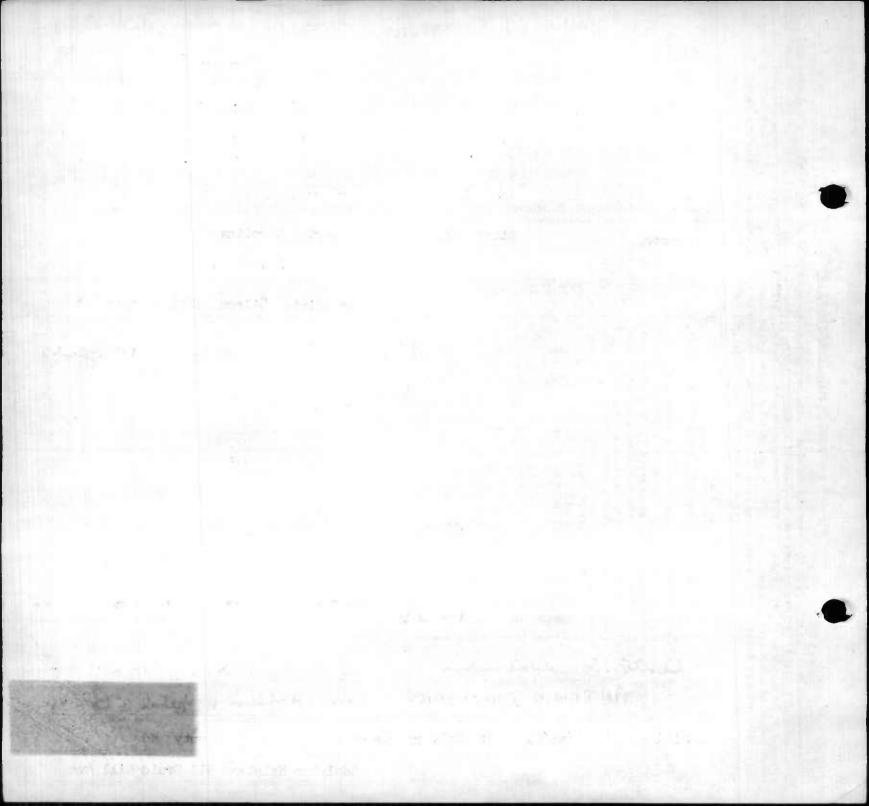
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	65 0990	BALTIMORE CITY	HEALTH DEPARTMENT	0	T 0000
	TH NO.	CERTIFICA	TE OF DEATH	Registered No.	5 0990
1. N	E. CASE NO.	n . ,	2. DATE AND	D HOUR OF DEATH	
	pe or Print) DANT.	E KIGHINI		23, 1965	4:30 P.M.
	PLACE OF DEATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If institution	n: residence before odmission)
	FULL NAME OF (If not in hospital HOSPITAL OR oddress or location in the second of the	l or institution, give street on)	C. CITY OR TOWN (If outs	side city limits, write RURAL	ond give township)
10			BAITIMORE D. STREET ADDRESS (If in	urol, give focotion)	
	156 N. DECKE	R Ave.	156 N. DE	CKER A	ve.
5. 5	M 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	AUG. 4, 1894	ost birthdoy	nder 1 Yr. If Under 24 His. hs Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of wor	10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreig		CITIZEN OF
		TAVERN	ITALY	,	1.S.A.
13.	FATHERS NAME	177	14. MOTHER'S MAIDEN NAM		
	NORBERT RI	chiNi	6,14A B	ONA	
15. (Ye	Was Deceased Ever in U. S. Armed Fo s, no or unknown) (If yes, give wor or date	orces? 16. SOCIAL SECURITY NO.	17. INFORMANT	- 10 //	ADDRESS
	1W-1	212-34-9886	1485, MARY RIGH	HIN' 156 N. 1	DECKERAVE.
	18. /62. / 1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DI	RECTLY R.C.	NONSEENIC C	arci nome	ONSE! AND DEATH
	(This does not mean the made of heart failure, asthenio, etc. It means	dying, e.g., DUE TO			
	injury or complication which coused	d deoth.)			
	ANTECEDENT CAUSES	DUE TO	<del>00 00 00 0</del> 0 00 00 00 00 00 00 00 00 00	***************************************	rdo o u cituda h so a descuastro unidense à debilidade d d o u d vis audi
	DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost.			10 00 00 00 00 00 00 00 00 00 00 00 00 0	
	11				
ATION	OTHER SIGNIFICANT CONDITIONS ( TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING	ATED TO THE	AEBILITAI	nov.	
ERTIFIC	19A. DATE OF OPERATION 19B. CONWAS PER	NOTION FOR WHICH OPERATION REFORMED	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS CONSIDERED OF DEATH?
CAL CE	21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore City,	give exact location)
MEDIC	21 D. TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
2	(APPROX)	While At Work At Work	e		
	22. I certify that (1) (this hospita	al) attended the deceased from	Hay / 19	964 to DAN 2	1965-
	that (i) (we) last sow the decease	ed olive on JAN 23			eath accurred on the date
	and hour and from the couses sta	ated above. (1) (We) (did) (did not) v	riew the bady ofter death.		
	23A. SIGNATURE	enine and M.D. Atte	ending Med.		ATE SIGNED
	Querey X	Phy	s. Director L	Stoff Phys.	120-63
	23C. PHYSICIAN'S NAME (Type) ANDREW	LEtrischKA M.O.	2508 E. 131	ALTIMERE !	CE.
244	A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C.NAME et CEMETERY et CRI	EMATORY 24D. LO	CATION (City, town	n, or county) (State)
B	BURIA/ 1-25-	65 HoLy Redeex	IER CEM, BA	/TIMORE	Md.
25 A	A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
1		Robert E. tarkey M.A.	B. DABROWSK	E12818E, BA	ITIMORE ST.
A.2	150-REV. 1/1/65				



## the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where physician who pronounced death was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

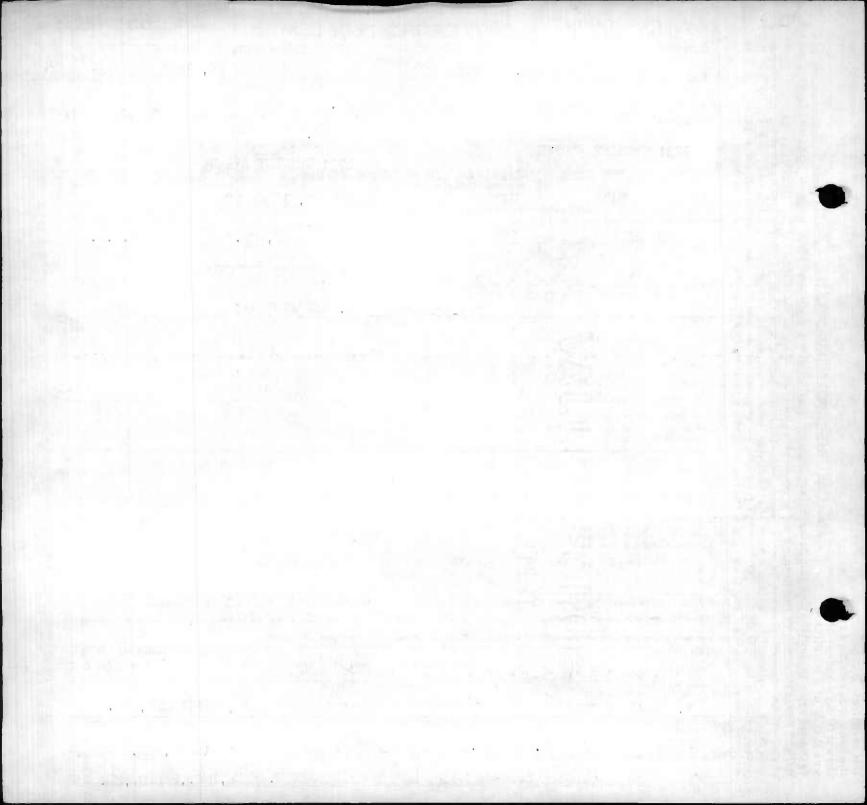
	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO. 65 0991	CERTIFICA	ATE OF DEATH	Registered No.	65 0991
M.E. CASE NO.			D HOUR OF DEATH	
(Type or Print) GEORGE RANS	ON		1-25-65	
3. PLACE OF DEATH IN BALTIMORE, MARY		4. USUAL RESIDENCE (Where A, STATE B. COUN)		oution: residence before admissio
FULL NAME OF (If not in hospital or	institution, give street	MARYLAN	ID.	1204
HOSPITAL OR oddiess or location) INSTITUTION		C. CITY OR TOWN (IF outs	side city limits, write RUI	RAL and give township)
		BALT IMORE	51 urol, give locotion	
JOHNS HOPKINS HO	SPITAL.	D. STREET ADDRESS (III 7	LET ST	analan st.
5. SEX   6. RACE   7	. MARRIED, NEVER MARRIED	1		ARCLAM OF Under 24 Hi
COLORED	WIDOWED DIVORCED (specify)	3-16-85	ost birthdey	Nonth's Days Hours Min.
MAL OCCUPATION (Give kind of work)			gn country)	12. CITIZEN OF
done during most of working life, even if retired)	G1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7.1	WHAT COUNTRY?
3. FATHER'S NAME	Steel Mill	North Care		
2		OLIVIA		
5. Was Deceased Ever in U. S. Armed Force	s? 16. SOCIAL	17. INFORMANT		ADDRESS
Yes, no oi unknown) (II yes, give wor or dotes	of service) SECURITY NO.		2 0002 5	
		Mrs Olivia Wi	1son 2231 B	
18.	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRE	CTLY	+0 0	0	1 - 110-2
(This does not mean the made of	(A) (A)	u-receal (	xcess	10 deons
heart failure, asthenia, etc. It means t	he disease,			0
injury or complication which caused o	eath.)	i-rectal prose	ato	
ANTECEDENT CAUSES	(B)	10000		
DISEASES OR CONDITIONS, if or				
rise to the above cause (A) and UNDERLYING CONDITION last.	siding the (C)	<del></del>		0
II				
OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING			
TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. COND		20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	DINGS CONSIDERED
E CALL A COLORAGE WITH A COLORAGE COLOR	230 81 4 62 02	No	W > 8 K	Na
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)		office bldg., 21C. WHERE DID	(II in Bollimore C	City, give exoct location)
O 21D. TIME (Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	While At Not Wh			
	Work At Wor			25 1065
22. I certify that (I) (this hospital)				· · · · · · · · · · · · · · · · · · ·
that (I) (we) last sow the deceased	alive an	19.6.5 ond the	ot in (my) (our) opinio	on death accurred on the d
and hour and from the causes state	d above. (I) (We) (did) (did not)	view the body ofter death.		
23A. SIGNATURE	0	Man Jina AA - J		3B, DATE SIGNED
	almerico M.D. A		Stall Phys.	1-26-65
23C. PHYSICIAN'S NAME (Type) AN TONIO	DALMERICOME	23D. ADDRESS		0 0
LINIONIS	DUCWEKICOW'D	form Hopk	stayedy mi	el . (Snody
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF C	REMATORY 24D. LC	CATION (City.	town, or county!
Burial 1/26/6	5 Mt Calvary	Semetry A	A County N	<b>fd</b>
25A. DATE REC'D BY HEALTH DEPT.	58. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	Do. L. E. Farber M.A.	Adolphus Hals	tead 918 Drui	ld Hill Ave
WALL OF TOOL OF	A SUN	1	4	



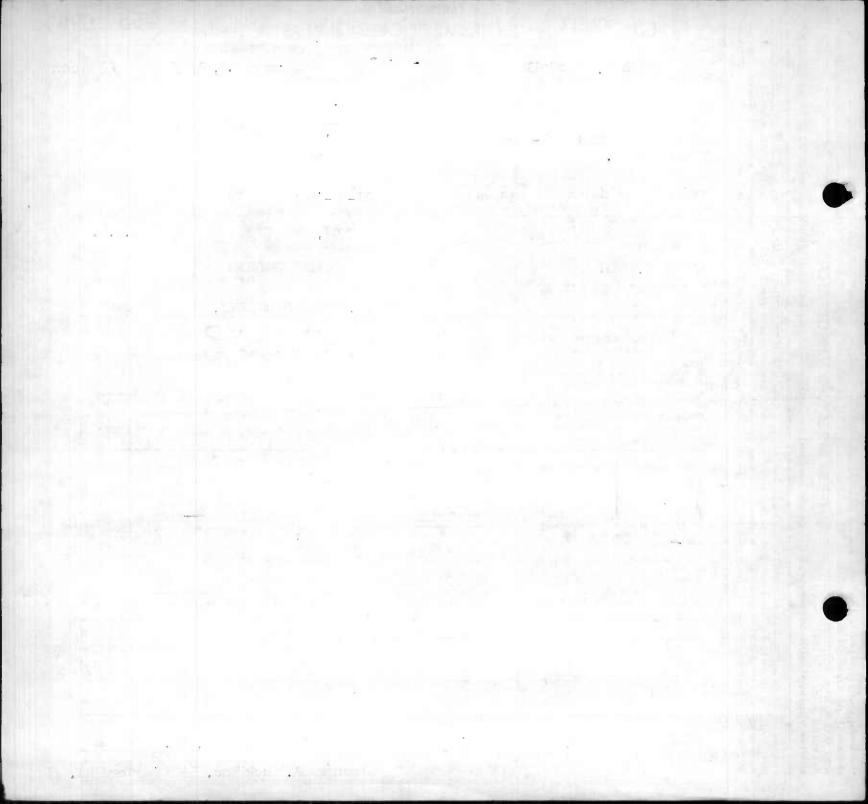
VS 150-REV. 1/1/65

			BALTIMORE CIT	Y HEALTH DEPARTMENT		02
BIRTH NO. 6	5 0992		CERTIFICA	ATE OF DEATH	Registered No.	65 0992
1. NAME OF DE	ECEASED			2, DATE AN	ID HOUR OF DEATH	20 1
	PAULINE	М.	FREY	JANU.	ARY 26, 196	5 1 1630 A
3. PLACE OF D	PEATH IN BALTIMORE, MA	ARYLAND		A, STATE B. COUN	re deceased lived. If in ITY	stitution; residence before admissio
FULL NAME			give street	MD.		2701
HOSPITAL OF	R oddress or locotic	001			tside city limits, write	RURAL and give township)
0004	Aimor mir Aimini	_		BALTO. D. STREET ADDRESS (IF	#34 rutal, give location)	
2731	CHESLEY AVENU	E		2731 CHESLEY		
5. SEX	6. RACE		, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., )f Under 24 H
FEMALE	WHITE	WIDOW	ED, DIVORCED (specify)	JUNE 23, 1886	lost birthdoy)	Months Doys Hours Min.
IDA, USUAL OC	CUPATION (Give kind of wor			Y 11. BIRTHPLACE (Stote or fore		12. CITIZEN OF WHAT COUNTRY?
	of working lile, even if retired) SEWIFE	OFW	HOME	DATMINODE	LID.	
13. FATHER'S N.		OWI	1101125	BALTIMORE .	ME	U.S.A.
ADAR	I LURZ			JOSEPHINE S	CUDATTO	
15. Wos Deceos	ed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT	CHROEDER	ADDRESS
(Yes, no or unkno	wn) (If yes, give war ar dat	es of service)	SECURITY NO.	Mag Managana	0.435	CAR
110			213-20-4469A	MRS. MARGARET	RAY	SAME INTERVAL BETWEEN
18.	O, /		CAUSE	OF DEATH		ONSET AND DEATH
DISE	ASE OR CONDITION DI LEADING TO DEATH			C	to die	Imas
	not mean the made of		DUE TO	COTONGTY Ar	15.6	( - MC)
	e, asthenio, etc. It means omplication which caused		,			
	ANTECEDENT CAUSES	5	(8)			
DISEASES	OR CONDITIONS, if	anv. aiving				
rise la	the above cause (A)			·		0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -
UNDERLYII	NG CONDITION lost.					
Z OTHER SIG	II	CONTRIBILITIE	4G			
E TO THE	DEATH BUT NOT REL	ATED TO T				
U 19A. DATE	OF OPERATION 198 COL	NDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED
RII	WAS PE	RFORMED			IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIE	DENT WAS UNDERLYING	21	B. PLACE OF INJURY (e.g.	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
DEATH (not	ify medical examiner	ete		olite olagi, into ki occok.		
D 21D, TIME	(Month) (Doy) (Year)	(Hour) 21	E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S OF INJURY			hile At Not Wi			
22 1	(t (I) (d) - I				10/5	
	fy that (1) (this hospita		11 -			in, 26, 1965
	e) last saw the deceas				not in (may) (our) õpi	nion deoth occurred an the de
and hour o		ted obave.	(I) (We) (did) (dtylamet)	view the body after death.		
23A. 319NA	N. I		44 D A	ttending Med.	Stoff	1-26-65
10	Lanald Ja	-day		nys. Director	Phys.	1-76-62
23C. PHYSIC NAME		(		23D. ADDRESS		
R. DO	NALD JANDORF		M.C	6077 HARFORD R	OAD, BALTIMO	ORE, MD.
	REMATION, 248 DATE	24C. P	TAME of CEMETERY of C			ty, town, or county) (State)
BURIAI		5 BAT	TO.NATIONAL C	TMTTTPV	DATT	100
	D BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	BALT IMORE	ADDRESS
	JAN 28 1965	Rolee	BE. Jankey M.	LEONARD J.	RUCK INC. BA	TTO MD
				THE CONTRACT OF	DELLE STREET	

LEONARD J. RUCK, INC., BALTO, MD.

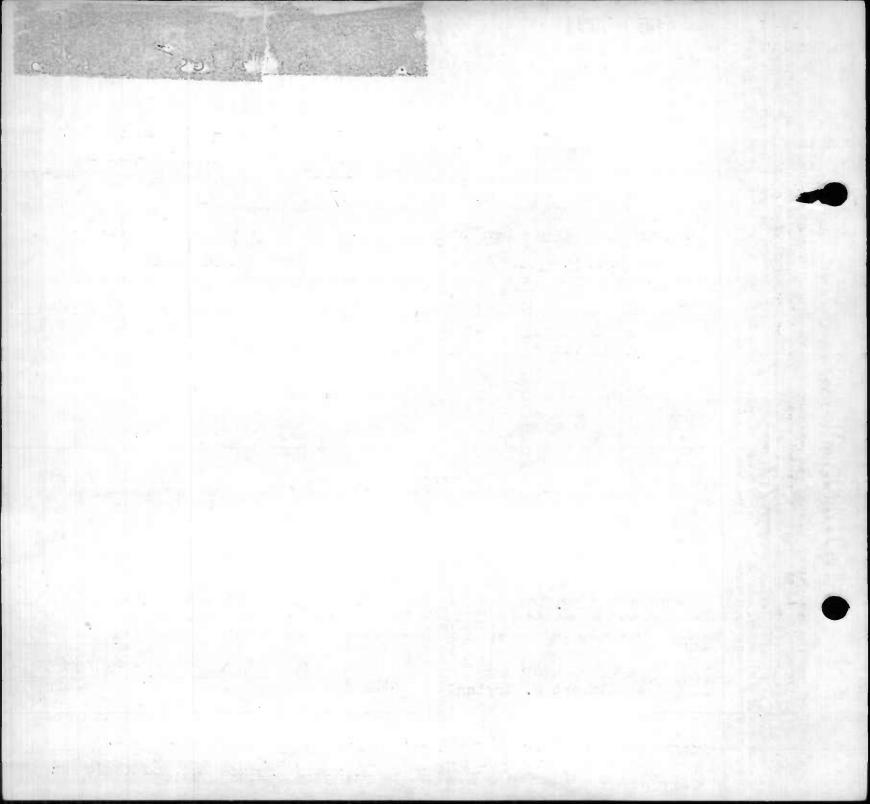


VS 150-REV, 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death. Furred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

	2004	BALTIMORE CITY	Y HEALTH DEPARTMENT	CE 0004
	BIRTH NO. 65 0994	CERTIFICA	TE OF DEATH Registered No.	65 0994
	M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF DEATH	/31/
	Kendall Vic	da : Co	126/65	1 5 / pm.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If in	istitution; residence before odmission)
	FULL NAME OF (If not in haspital ar instituti HOSPITAL OR address ar lacation)	ion, give street	C. CITY OR TOWN (If autside city limits, write	PLIPAL and give toweship)
	INSTITUTION			Moravia Rd.
	Montebello State	Hospitel	D. STREET ADDRESS (If rurol, give location)	0)
de.		HED, NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years	If Under 1 Yr., 11 Under 24 Hrs.
mad	WIDO	WED, DIVORCED (specify)	(0/174 G) last birthdoy)	Manths Days Haurs Min.
si r	10A. USUAL OCCUPATION (Give kind of work 10B. KINE		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
disposition	done during most at warking lile, even if retired) Houseting te	Own Home	Balto, Md.	W.S.
000	13. FATHERS NAME		14. MOTHERS MAIDEN NAME Grene Li	111
disp	- John C. Clark			
	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dates of servi	SECURITY NO.	17. INFORMANT	ADDRESS
final	/VO	CALLSE	DE DEATH	INTERVAL BETWEEN
or	DISEASE OR CONDITION DIRECTLY	CAUSE	DE DEATH	ONSET AND DEATH
mec	LEADING TO DEATH	(A) Ca	rdiac arrest	
baimed	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused death.)			
em	ANTECEDENT CAUSES	(B) DYC	in stem necrosis	)
are	DISEASES OR CONDITIONS, if any, gir		abrovascular acc	11010
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)	SDIOVER COVER GLE	1 VV V V
remains	Z CONTROL CONTROL CONTROL	TING		
rer	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		Jansian	
the		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in at about 21 C. WHERE DID (If in Baltimor	e City, give exact lacation)
before	OR CONTRIBUTING CAUSE OF DEATH (notily medical examine)	hame, form, factory, street, a	office bldg., INJURY OCCUR?	,, ,
	Q 21D. TIME (Month) (Day) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
ained	OF INJURY (APPROX.)	While At Work  Not Whi At Work		
obte	22. I certify that (I) (this hospital) ettende	3 /	7/13 1962 10 /	126 1965.
pe	that (1) (we) last saw the deceased alive	1 Ch		nion death occurred on the date
must	ond haur and fram the couses stated obov	e. (1) (We) (did) (did nat)	view the body after death.	23B, DATE SIGNED
	(Kolow De La Para	M.D. Att	tending Med. Stall Phys.	1/2-6/65
DAC	23C.PHYSICIAN'S Robert W. I	reland	23D. ADDRESS	1 11 11
approval	NAME TO DET O W. 2	M.D.	Monde bello At	ate Hospitel.
	24A. BURTAL CREMATION, REMOVAL (Specify) 24B. DATE 240	C. NAME of CEMETERY OF CR		ity, tawn, or county) (Stote)
Her		Meandow Branc		r Md.
written	JAN 28 1965 P. C.	A E Tarber M.A	Leonard J. Ruck Inc,	Balto 14 Md.
	V\$ 150-REV. 1/1/65	×	Leonard J. Mack Sile,	2000 14 11100



	BALTIMORE CITY	HEALTH DEPARTMENT		65 000-
MIRTH NO. 65 0995 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	00 0395
1. NAME OF DECEASED (Type or Print)  LODA	AMELIA S		1 26 65	10 30 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND				titution: residence before odmission)
FULL NAME OF (If not in hospital or instit HOSPITAL OR oddress or location) INSTITUTION	ution, give street	C. CITY OR TOWN (If or	utside city limits, write RI	JRAL and give township)
UNION MEMORIA	2 HOSPITAL	BALTIMORE D. STREET ADDRESS (IF	#12	
0,70,000			1	NUE
5. SEX 6. RACE 7. MA WID	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	3/21/86	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KII done during most of working life, even if refired)	NO OF BUSINESS OR INDUSTRY	PENNA.	ign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME		14. MOTHERS MAIDEN NA	ME	
BENJAMIN F. HAK	CLERODE	SARAH C.	HARCLER	PODE
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of se	1 6. SOCIAL	17. INFORMANT	· · · · · · · · · · · · · · · · · · ·	ADDRESS
No -	217-18-0474	ALIMH CHA	RT	
18.4 2011	CAUSE			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	P.	Das Ela		Oligin Allo Stati
(This daes not mean the made of dying,		avez ceres		
healt foilure, osthenia, etc. It means the dis injuly of camplication which coused death.)		Durchopnen		
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any,	giving	* Myocarlid	Sout	2 1/2
undertying condition last.	) lhe (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIE				
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE F	INDINGS CONSIDERED
WAS PERFORMED		YES	IN CERTIFYING CAU	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(II in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour	21E, INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY (APPROX.)	While At At Work		_	
22. 1 certify that (1) (this haspital) atten	ided the deceased fram	1/10/	19 65 to	1/26/1965
that (I) (we) last saw the deceased alive	e an	26/19 65 and 1	hat in (my) <u>(aur)</u> apin	ian death accurred an the date
and haur and from the causes stated abo	rave. (I) (We) (did) (did nat)	/		
23A. SIGNATURE				23B. DATE SIGNED
J. Talkel Steer	M.D. Att	ys. Med. Director	Stoff Phys.	1/26/65
PHYSICIAN'S NAME (Type) A IRD BRYSON	M.D.	UNION ME	EMORIAL A	LOSPITAL
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION (Cit	y, town, or county) (Stote)
0 . /	New Cathedro	1 Cemetery	Baltimore	Md.
	eb E. Farbey M.A	25C. FUNERAL DIRECTO	Ruch One	Balto. 14 Md
JAN 28 1965 (R.C.	and C. Mandening	Leonara J.	Nuck ync.	bacco. 14 ma

BBNJAMIN F. HARCLERODE JAH BHART

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital capt where the physician who pronounced death was in regular attendance on the deceased with the deceased w FUNERAL DIRECTOR: IMPORTANT

VS 150-REV. 1/1/65

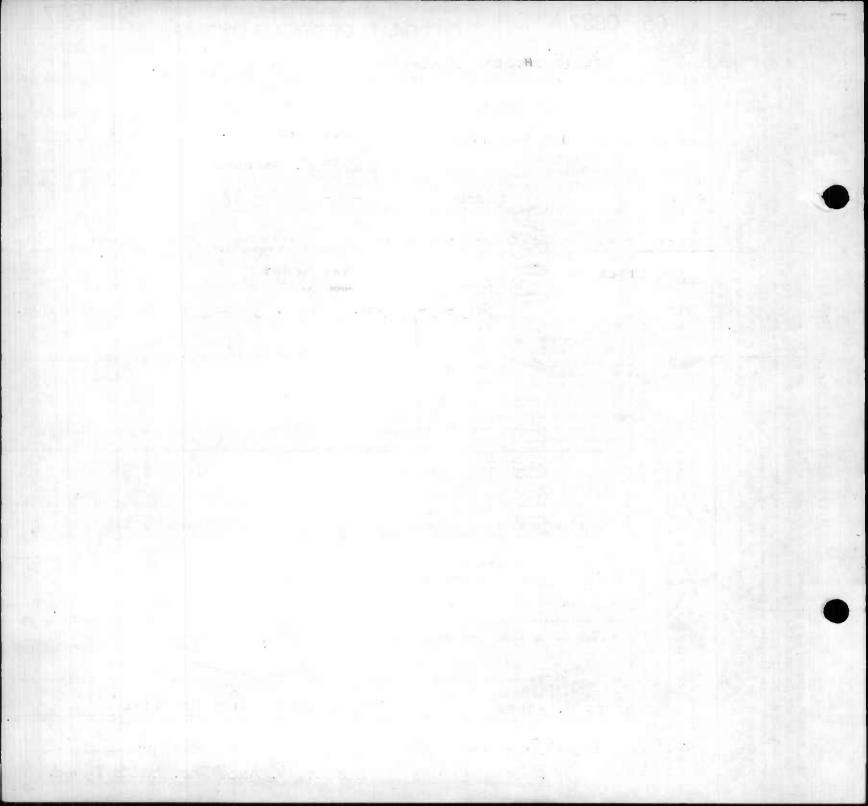
	0000	BALTIMO	RE CITY HEAL	TH DEPARTMENT		
BIR	тн но. 65 0996	CERTI	FICATE (	OF DEATH	Registered No	-65 - 099c
M.	E CASE NO.	CLICATI	ICAIL			- 0000
	PO OF Print)	7 7 11 1.		2. DATE AN	D HOUR OF DEATH	H n
	mary	C. Faulhaber		Janu	ary 26, 1	965   5:30 P.N
3.	PLACE OF DEATH IN BALTIMORE, M.	ARYLAND	4. US	JAL RESIDENCE (Whe	o decoosed lived. If	institution: residence before admission)
	SINI MARK OF HIS in benefits			Marylan	1	27-06
	FULL NAME OF (If not in hospital HOSPITAL OR oddress or localist	or institution, give street	c. CI			RURAL ond give township)
h	ERTIFICATE CORREC	TED 1-9-1-		Baltimo		
ار	EKTIFICATE COMISE	ILD & J- GO	D. ST		rurol, give location)	
	2812 choc	dale Avenue		2812 8-600	lale Avenu	10
	SEX  6. RACE	T AAADDIED NEVED AAADDIED	D DAY		9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
3.	SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spe			lost birthdoy)	Months Doys Hours Min.
	FEMALE WHITE	WIDOWED		. 25, 1881	83	
	A. USUAL OCCUPATION (Give kind of wo ne during most of working life, even if retired)		DUSTRY 11. BIR	THPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
001			-	262		
13.	HOUSEWIFE		14. M	Tto. Md.	MF	U.S.A.
E	dward		1.00	10.	61:	. 0 . 3
-	George Grape		Ha	nna Joha	ma re	aren
15.	Was Deceased Ever in U. S. Anned Fors, no or unknown) (II yes, give wor or do	orces? 16. SOCIAL		ORMANT		ADDRESS
	703, 910 101 00	JECOKIII NO		Joseph E.	17h-he	Parta Ma
	18. 11. 12. VI	C	AUSE OF DEA	Joseph Far	Tugner	Balto., Md.
	7721		TOSE OF DEA		1 /	ONSET AND DEATH
	DISEASE OR CONDITION D		Floris	Mansine Co	Todallagon	the Things
	(This does not mean the mode o	(A)	1911	MISHORNE	viving o dece	sus Jennes
	heart failure, osthenia, etc. Il mean		il il			
	injury as camplication which cause	d death.)				
	ANTECEDENT CAUSE	S (B)	TO			
	DISEASES OR CONDITIONS, if		.0			
	iise to the above couse (A)	sloling the (C)			*******	~ M ~ ~
	UNDERLYING CONDITION last.					
-	ll ll					
ATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL	CONTRIBUTING ATED TO THE				And the state of t
A	DISEASE OR CONDITION CAUSING	IT.	100		1	
RTIFIC	19A. DATE OF OPERATION 19B. CO	NDITION FOR WHICH OPERATION	N 204	AUTOPSY? (Yes or No	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
ERT		appelles.				
CE	OR CONTRIBUTING CALLES OF	218. PLACE OF INJU	RY (o.g., in or obc	ut 21 C. WHERE DID	(If in Boltimo	oro City, give exact location)
AL	DEATH (notify medical examiner)	ofc.)		-		
Oid		Hour) 21E, INJURY OCCUR	RED	21F. HOW DID INJ	URY OCCUR?	
ME	OF INJURY		Not While			3
	(APPROX.)		At Work	~ ,		12 21
	22. I certify that (I) (this hospite	al) ottended the deceased fro	m 15	Gears	19to	1965
		1/201 .	7/	1/	/17	
	that (1) (100) lost sow the deceas				or in (my) (	pinion deoth occurred on the do
	ond hour and from the couses sto	oted obove. (I) (We) (did) (di	danot) view th	e body ofter deoth.		, ,
	23A. SIGNATURE	1,04		/		23 B. DATE SIGNED
	MANUEL (O)	IN MILL M	.D. Attending	Med.	Stoff Phys.	1127/63
	23C. PHYSICIAM'S	- 111	23D. AE		0000	211
	NAME HYPOI TAMAS	of White	1	212/ Na	ma RH i	150/14 MS
	017/112	S. L. YYMINE	M.D.	217/11/	Jud o Car	000901
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C, NAME of CEMETER	Y or CREMATO	24D. L	OCATION	City, town, or county) (State)
		HOLA DEDEEM	ED CENTER	EDW E	MITTMODE	am.
25	BURIAL 1/30/6	5 HOLY REDEEM		. FUNERAL DIRECTOR		MD. ADDRESS
	1001 0 0 4005	Anec Lall.	an h	1 0	0 1 0	: 5305 Harford Re
		THE THE PERSON OF THE VICTA VICTA	1704		Kuch IIm	LING HODEODO NI

VS 153 2-9-65 MH

H

1

05 0500	BALTIMORE CITY	HEALTH DEPARTMENT		65 0997
BIRTH NO. 65 0997 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	0007
(Type or Print)	Shorey		and hour of death $1/27/6$	_
3. PLACE OF DEATH IN BALTIMORE MARYLAND	. Shortey			5. Institution: residence before admi
		A. STATE B. COU		2-101
FULL NAME OF (If not in haspital ar institution, gr HOSPITAL OR oddress ar lacotion) INSTITUTION	ve street	C. CITY OR TOWN (IF O	utside city limits, write	RURAL ond give tawnship)
THE JOHNS HOPKINS HOSPI	TAI	BALTIMORE		
		D. STREET ADDRESS	f rural, give lacation)	
			ARLES	
WIDOWED,	DIVORCED (specify)	6-29-07	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Manths Days Haurs N
OA. USUAL OCCUPATION (Give kind of wark 10B, KIND OF		11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
dane during mast af working life, even if retired)	han Contan	M /	/	1/CA
3. FATHER'S NAME	hem. (enter	14. MOTHER'S MAIDEN N	ana	usa
JOHN EISER		MYRA HENRY		
5. Was Deceased Ever in U. S. Armed Farces? Yes, no or unknawn)(If yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No	215-09-9401	Ar. John W.	Eiser 3302	Westermald A
18. 42 n. / 1	CAUSE OF	DEATH	,0000	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	21	11 11		ONSET AND DEAT
LEADING TO DEATH	(A) ////	al insufficie	ucy	2 years
(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It meons the disease,	DUE TO	14.	10	the street of a land of the street and a second
injury or complication which caused death.)		1/2/1/2	() una	1/1/1
ANTECEDENT CAUSES	(B) 07	onary certery	IN WEAR	1 MASTERIAL
DISEASES OR CONDITIONS, if any, giving	DUE TO	1/11/		
rise to the above cause (A) stating the	(C) M	eroscherone.		
UNDERLYING CONDITION lost.				
		•		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	WICH OPERATION	20 A. AUTOPSY? (Yes or N	Jall 200 IE VEC WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	I mulleaun	A	IN CERTIFYING CA	USES OF DEATH?
U 21A ACCIDENT WAS UNDERLYING 21B.	1/1	ar aboy 21C. WHERE DID	(If in Baltimer	e City, give exact lacotion)
OR CONTRIBUTING CAUSE OF home	, farm, fectory, street, off	ice bldg, INJURY OCCUR?	ar in equimor	c c, give exact tocondit)
0	INITIAL OF COLUMN	/		
S OF INJURY	INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
(APPROX.) While		Ψ, /		
22. I certify that (this hospital) attended the	e deceased; from/~	2/3/69	19 to //	27 196
that HT (we) lost saw the deceased alive on	1 - 1 - 1	19 and 1	hot in-(me) (our) on	nion deoth occurred on the
ond haur and from the couses stated above. (1)	(me) (aid) (aid not)-v	iew the body offer deoth	•	23B. DATE SIGNED
16 11/1	M.D. Atte	nding Med.	Staff 7	1/27/10
Heweste Com	Phys	Director	Phys.	1/00/60
23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS		
HEWES DY AGNEW	M.D.	THE JOHNS HO	PKINS HOS	PITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAI	ME of CEMETERY OF CRE			ity, tawn, ar caunty) (St
0 1 1 1 1 1 1	don Dont C	mo to to	Rald:	Md
Burial 1/30/65. Lou	don Park (e	metery	Dacumore	ADDRESS
JAN 28 1965 12 0 FT	E. Salke M. a.	(concrd (	Ruch One	Md.  Balto 14 Md.
our no too differen		Leonara J.,	Nuck she.	Bacco 14 ma.
\$ 150-REV. 1/1/65				



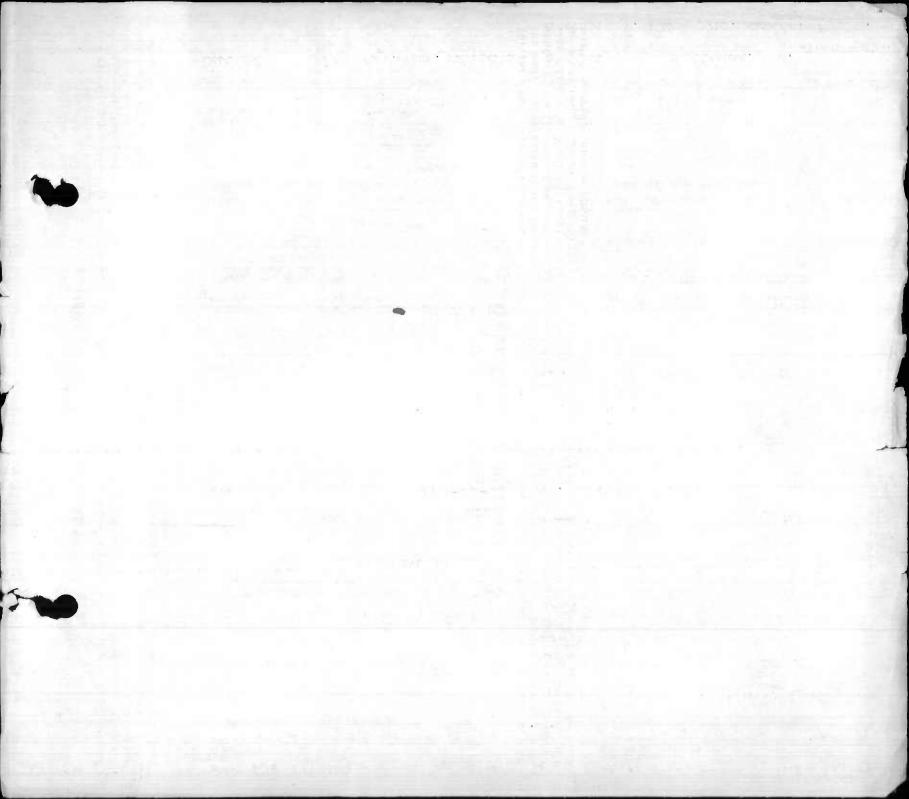
This corrificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

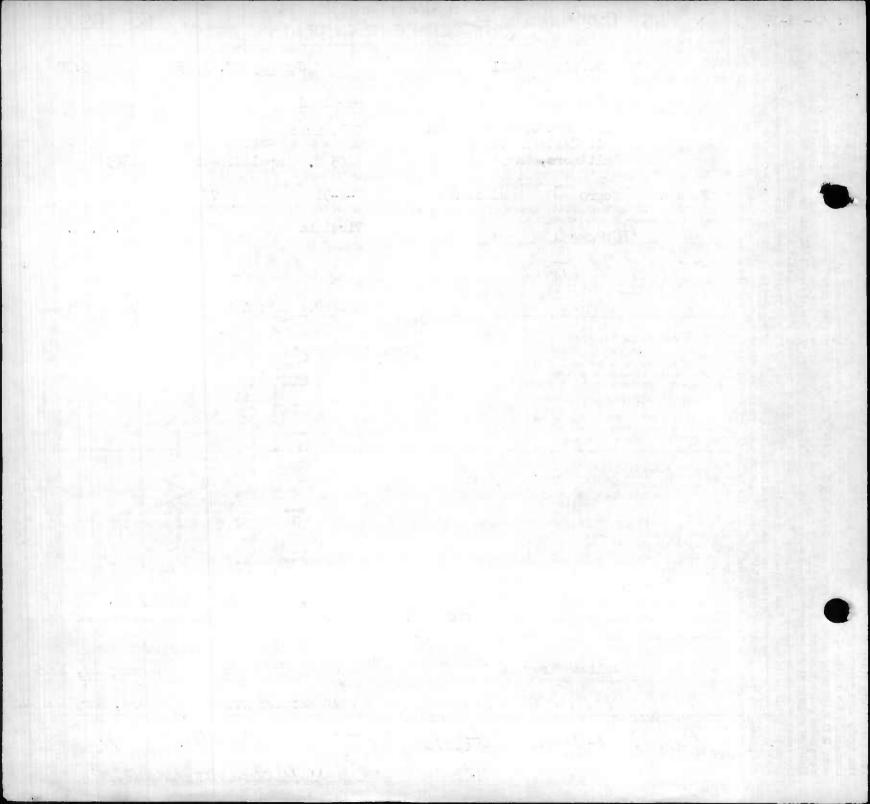
	TH NO.	55 5558	CERTIFIC	ALE OF DEATH	Registered No.	
	AME OF DEC	EASED ,	- A	2. DATE	AND HOUR OF DEATH	
(Ту	oe or Print)	Steigers	Mrs Alice	TM	1-27-65	705 A
3.	PLACE OF DE	ATH IN BALTIMORE, MA			Where deceased lived, If ins	titution: residence before admission)
		7		n/l	OUNTY Q 11	
	FULL NAME O	OF (If not in haspital oddress or location	or institution, give street	C. CITY OR TOWN (	f outside city limits, write RI	URAL and give township)
	NSTITUTION	Marin L	Jos nital	Baltin	3 m t= 0	2709
		MILETRY	tos pilal	D. STREET ADDRESS	(If rural, give location)	1
				1651 B	urnwood.	Rd.
5. 5	EX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	-	W	WIDOWED DIVORCED (specify)	6-23-84	80	Trionis Doys Troots Trinis
			108, KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
don	House L	working life, even if retired)	Own Home	Baltimo	or Md.	().5A
13.	FATHER'S NA		Uwn Home	14. MOTHER'S MAIDEN		
	Home	N M. May	D () S	Alice 1	Minaham	
15.	Was Deceased	Ever in U. S. Armed For		17. INFORMANT	7777000	ADDRESS
(Ye	a, no or unknown	(If yes, give wor or date	s of service) SECURITY NO.	0 1	A4 1	
	/VO		278-70-623	OF DEATH	s Murphy	INTERVAL BETWEEN
	18.	O. O. I		OF DEATH	1 . 1	ONSET AND DEATH
	DISEA	SE OR CONDITION DIR LEADING TO DEATH		mention He	at Falens	
		not mean the mode of		My mus 112	000 100000	
		asthenia, etc. It means application which caused		1 0-0	$\cap$	
		ANTECEDENT CAUSES	(B)	yourdeal a	lowey.	
	DISEASES O	OR CONDITIONS, if	any, giying	1 1	120	
	rise to th	e above cause (A)		unordule	fear use	
	UNDEKLIIN	G CONDITION last.				
z	OTHER SIGN	IFICANT CONDITIONS C	ONTRIBILTING			
ATION	TO THE D	EATH BUT NOT RELA	TED TO THE			
		OPERATION 198. CON	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes o		NDINGS CONSIDERED
ERTIFIC	0 -	WAS PERI	ORMED	NU	IN CERTIFYING CAU	SES OF DEATH?
Ü		NT WAS UNDERLYING UTING CAUSE OF		g., in or obout 21 C. WHERE DI		City, give exact location)
CAL		medical examiner	etc.)			
MEDI	21 D. TIME	(Month) (Doy) (Year)	(Hour 21E INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
8	(APPROX.)		While At Work At We			
	22 Longtify	that (1) (this bosnital	) attended the deceased fram		19 ta	1-27-65 19
		last saw the decease	1-71-1	<b>5</b>		ian death accurred an the date
			ed above. (I) (We) (did) (did nat			•
	23A. SIGNATU	Δ	da above. (1) (ne) (ara) (ara har	y view line body diler ded		23B, DATE SIGNED
	1/1	MAXX X	M.D.	Attending Med. Phys. Director	Stoff	1-27-45
	23C. PHYSICIA	INS DAVE	No-co	23D. ADDRESS	Phys.	
	23C. PHYSICIA NAME (T	YPE DOLLY	S Shellon M.	M	Variation	6
24.6	. BURIAL CRE	MATION, 248, DATE	3.01111012	CREMATORY 24E	LOCATION (City	, town, or county) (State)
	REMOVAL (	Specify)		16		
0.5	Buria				Baltimor	e IIId.
25A	. DATE REC'D	AN 28 1965	258, NAME OF REGISTRAR	25C. FUNERAL DIREC	TOR	ADDRESS
		1111 8 9 1900 (	TOURS C. TOURS!	Leonard. J.	Ruck Inc.	Balto. 14 Md.



VS 150-REV. 1/1/65

LS: 42-35-19

05	0000	BALTIMORE CITY	HEALTH DEPARTMENT		0000
DIKITI ITO.	0999	CERTIFICA	TE OF DEATH	Registered No.	65 0999
M.E. CASE NO.	ASED		2. DATE AND	HOUR OF DEATH	
(Type or Print)	Bessie	Hall	January	27, 1965	3:10 A N
3. PLACE OF DEAT	H IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived, If in	stitution: residence before odmission)
FULL NAME OF	(If not in hospital or ins	titution, give street	Maryland		5-06
INSTITUTION		ty Hosptials	C. CITY OR TOWN (If outs	ide city limits, write l	RURAL ond give township)
	4940 Eastern	Avenue		urol, give location)	
	Baltimore, M	<b>laryland</b>	1605 N. Chapel	Street	21205
5. SEX Female	Negro 7. N	ARR(ED, NEVER MARRIED VIDOWED, DIVORCED (specify) WIDOWED		AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	PATION (Give kind of work 10B. ecking lite, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAM			14. MOTHERS MAIDEN NAM	I E	
Xein	is Chatricus		unknou	_	
5. Was Deceased E	Ever in U. S. Armed Forces? (If yes, give wor or dotes of	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	ho.	Jedokiii ito.	RECORDS BCH:	4940 Easte	rn Avenue #21224
18.	10.1	CAUSE O	A	77.45	INTERVAL BETWEEN
	OR CONDITION DIRECTI				ONSET AND DEATH
	EADING TO DEATH	(A)	riosclerosis	****	10 8 10 20 <b>0 0</b> 0 0 00 0 0 0 0 0 0 0 0 0 0 0 0 0
heort foilure, o	I mean the mode of dyin Isthenio, etc. II means the	diseose,			
	licotion which coused deat				
	NTECEDENT CAUSES	DUE TO		***************************************	
	CONDITIONS, if ony, obove couse (A) stoli				
	CONDITION loss.		***************************************	A	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0
7					
E TO THE DE	ATH BUT NOT RELATED				
DISEASE OR C	ONDITION CAUSING IT.	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
ATT O	WAS PERFORM	ED	No	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUT	T WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg. INJURY OCCUR?	(If in Boltimore	e City, give exact location)
DEATH (notify r	medical examiner	etc.)			
21D. TIME	(Month) (Doy) (Year) (Ha	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX)		While At Not While At Work	e 🗌		
22. I certify t	hat (1) (this hospital) att	ended the deceased from De	cember II,	64 to Jan	uary 27, 19 65
		ive on January 27,			nion death occurred on the dat
		bove. (I) (We) (did) (dld not) v		, ,,, (,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,	men deem deedred on me de
23A. SIGNATUR		bove: (i) (we) (did) (did noi) v	tew the body offer deom.		23B, DATE SIGNED
	Julius Krev	ans M.D. Atte	ending Med. S	Stoff Phys.	January 27, 1965
23C. PHYSICIAN	rs 1 1		23D. ADDRESS	.,	J 41 4 2707
NAME (Typ	peleus	/Curleus.D.			timore, Maryland 24
REMOVAL IS	(ATION, 24B. DATE (ecily) 130-1965	nt Cahous	Put 24D. LO	Brooklen	ity, lown, or county) (Stote)
		NAME OF REGISTRAR	25C FUNERAL DIRECTOR	9	ADDRESS
	N 2 8 1965 (258.	NAME OF REGISTRAR	25C FUNERAL DIRECTOR	1 100 16	ADDRESS



VS 151-REV. 1/1/65

BIRTH NO.	WEI	JICAL EXAMIN	EK 3 CE	KIIFICATE OF	DEATH Registe	ered Na
M.E. CASE NO.	CEASED	retre		2 DATE AN	D HOUR PRONOUNC	ED DEAD
(Type or Print)		SSIE MORRIS			ry 26, 1965	0.50 -
FULL NAME OF HOSPITAL OR INSTITUTION	TIMORE, MARYLAND,	WHERE PRONOUNCED DEAL	STREET		deceosed lived. If ins B. COI	titutian: residence before admission
				D. STREET ADDRESS (If rurol		1.41
Bor	Secour Hos	pital		521 N. Fult	on Avenue	
s. sex	colored	7. MARRIED, NEVER MAP WIDOWED, DIVORCED(s		July 21-1895	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr. Manths, Doys, Haurs, Min.
dane during mast at	warking life, even if retired	Petriel	OR INDUSTRY &	Mulles of W	gn country)  Occ.	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA	ME /co =		1	4. MOTHER'S MAIDEN NAM	E	
SWAS DECEASE	u Morr	FD FORCES? 116, SOCIAL	1	7. INFORMANT	n	ADDRESS
	(If yes, give wor or d			A	G. The L	0
1B. 4 6	yes	212-0	5-7309	Hamme W.	morres	Source Interval Between
DISEASES RISE TO THE UNDERLYI  OTHER SIG	ANTECENDENT CAU OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAS  II SHIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUSI	ANY, GIVING STATING THE T. (C	y Arterio	osclerotic card	iovascular (	lisease
19A. DATE O		ONDITION FOR WHICH OPER	RATION	No	20B. IF YES, WERE F	
UNDERLYING UTING CAI  21 D TIME OF INJURY (APPROX.)	AL CAUSE WAS OR CONTRIB- JSE OF DEATH.  (Manth) (Day) (Y	ear) (Haur) 21E INJURY  WHILE AT WORK	ory, street, aff	or about 21C. WHERE DID ice bidg., INJURY OCCUR?		give exact location)
	TURE TO THE	Sullusu	Suicide M.D.		XAMINER X	
	(Type) Hudlge	r Breitenecker				